

Client Information Form

Please read and complete the information form and email it to vicki@vickicrane.co.uk at least 48 hours before your first session.

Client Information Form

This form is designed to gather some background information about why you are seeking therapy. It is confidential* and will be used to plan your therapy sessions. Please complete this form as fully as possible before your first session.

YOUR CONTACT DETAILS	
Name:	Home Phone:
Mobile:	Email:
Address:	

ABOUT YOU	
Date of Birth:	Current Age:
Occupation:	

YOUR HEALTH	
Have you ever been diagnosed with or treated for Epilepsy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been diagnosed with or treated for Depression or another mental health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever received counselling, psychological or psychiatric treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any mobility problems (e.g. difficulty climbing stairs or you require wheelchair access)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any of the above questions, please give details:	
Name and address of your GP:	
Any other health or medical information you feel is relevant, including prescribed medications:	

EMERGENCY CONTACT DETAILS

Name:

Telephone:

Email:

Relationship to you:

BACKGROUND HISTORY & INFORMATION

Please describe the issue(s) that you are seeking therapy for:

How long have you experienced the issue(s) and when did it/they first start?

Have you previously tried any other medical or therapeutic approaches for the issue(s)?

(Including Hypnotherapy, Counselling, CBT and/or other talking therapies)

BACKGROUND HISTORY & INFORMATION

Please describe what you wish to achieve from therapy:

Have you ever experienced hypnosis or hypnotherapy before?
If so, please describe your experience:

Please provide any additional information you feel may be relevant:

On a scale of 1 to 10, where 1 is not committed and 10 is 100% committed,
how committed are you to overcoming your issue(s)?

Score: