

ZEN HYPNOSIS REGISTRATION FORM

| | | | |
|---|--|---|--|
| Today's date: | | | |
| | | | |
| Last name: | First name: | Title: | Marital status: |
| Birth date: | Occupation or training: | Sex: | No. of dependents: |
| Address: | Email: | | Approx. date of last GP visit: |
| | Contact phone number: | | |
| | Do you wear contact lenses? Y / N | | Have you been diagnosed with Epilepsy? Y / N |
| Please state why you are seeking hypnotherapy: | | | |
| <i>Please tick those that apply to you:</i> | | | |
| Confidence and self-esteem | | Health and fitness | |
| Unable to move forward on a project/task <input type="checkbox"/> | Drinking / smoking / drug addiction <input type="checkbox"/> | Fear and phobias <input type="checkbox"/> | |
| Stress, anxiety and/or worry <input type="checkbox"/> | Weight management <input type="checkbox"/> | Pain management <input type="checkbox"/> | |
| Panic attacks <input type="checkbox"/> | Sleep problems <input type="checkbox"/> | | |
| Nail biting <input type="checkbox"/> | Physical problems e.g. IBS, migraines <input type="checkbox"/> | | |
| Relationship concerns <input type="checkbox"/> | | | |
| Please describe those ticked above in further detail and/or other areas you want the hypnotherapist to be aware of. Please also note down whether you've been for counselling/psychotherapy/hypnotherapy before and any medication you are taking (including herbal remedies): | | | |
| Client agreement | | Therapist agreement | |
| <p>I confirm that my personal and medical information given is correct and that I am wholly responsible for the consequences of any non-disclosure. I accept that I am fully responsible for my own health and wellbeing and that I am in charge of all aspects of my life.</p> <p>I commit to being on time for appointments and meeting my financial obligations. I agree to pay for any missed appointments unless I give 48 hours notice.</p> | | <p>I commit to professionally assisting you in the shortest possible time to facilitate change that is mutually agreed to be in your best interest and in no way harmful to you. I further commit to advising you if I believe you would be better served by another professional or if I feel I cannot help you achieve your aims.</p> | |
| Signature: | Date: | Signature: | Date: |