KevinAnthony**Walsh**: Hypnotherapy / Psychotherapy Consent Form

NB. Any information you provide is treated with the strictest confidence.

Full Name ____

Address ____

______________________________ Postcode ________________

Tel. ________________________ Mobile ________________________

Date of Birth ____/____/____ G.P. ________________________

Relationship - married/single/long term partner ________________________

Children ________________________ Ages ________________________

Please tick any of the following that apply to you:

Anxiety/Stress	☐	Worry	☐	Insecurity	☐	Sleep/Insomnia	☐
Hoarding	☐	Fear	☐	Self Esteem	☐	Grief	☐
Guilt	☐	Confidence	☐	Sex	☐	Pain	☐
Studying	☐	Anger	☐	Panic	☐	Sports/Performance	☐
Obsessions	☐	Alcohol	☐	Smoking	☐	PTSD	☐
Relationships	☐	Appetite	☐	Weight	☐	Drugs	☐
Suicide	☐	Phobias	☐	Habits	☐	Depression	☐

Any problems not listed?____

____

Medical History (all information is treated with the strictest confidence.)
Please answer: yes/no and give as much information as possible

Do you have a diagnosed medical illness? ________________________

Do you have a diagnosed psychological problem?________________________

Is your G. P. aware of the above problems?________________________

Details of any medication you are currently taking________________________

____

Any other information you feel is relevant.________________________

____

I confirm that the above information is correct and I give my consent to be treated in Hypnotherapy

Client Signature:________________________________Date____/____/____

Gillamoor House, 77a Ravensden Road, Renhold, Bedfordshire MK41 0JY