RAPID SHIFT THERAPY

Full Name

Preferred Name

Email

Date of birth

Ideal date/time for session (allow 3 hrs)

Phone number (inc country code)

Time zone (state & country if not UK)

Marital status

Occupation

Doctors name, address, & date of last check up

Please list all medications being taken

What do you want to achieve from our time together? What do you most want to change?

What is the main thing holding you back?

How much does this hold you back? (on a scale of 1-10 where 1 = not at all 10 = a lot)

How committed to change are you ? (on a scale of 1-10 where 1 = not at all 10 = a lot)

If your illness is physical . Please explain & list your symptoms, & any triggers, doctors recommendations/prognosis, with as much detail as possible.

How would you like to feel on a daily basis, please describe your perfect scenario, in terms of how you feel in mind & body, & and what words light you up?

If you were living the best version of your life, what activities & pastimes would you be doing that you are not able to do now?

If you were free from this issue, what would it mean you could go on & do in the future?

Give some example of things you say to yourself on a regular basis?

Please give a brief description of your family background.

Please select all areas of concern.

- [ ] Achieving goals
- [ ] Addictions
- [ ] Anger
- [ ] Anxiety
- [ ] Career
- [ ] Childhood problems
- [ ] Compulsive behaviour
- [ ] Concentration
- [ ] Confidence
- [ ] Depression
- [ ] Eating problems
- [ ] Exams
- [ ] Fears
- [ ] Fertility
- [ ] Guilt
- [ ] Health issues
- [ ] Compulsive behaviour
- [ ] Memory
- [ ] Motivation
- [ ] Nerves
- [ ] Pain control
- [ ] Panic attacks
- [ ] Phobias
- [ ] Public speaking
- [ ] Relationships
- [ ] Relaxation
- [ ] Self esteem
- [ ] Sexual problems
- [ ] Skin problems
- [ ] Sleep problems
- [ ] Sport performance
- [ ] Stress
- [ ] Weight problems
- [ ] Other

Please add anything you feel is relevant in relation to the selections you've made, or issues you struggle with, even if not listed above.

If I could wave a magic wand & grant you one wish, what would that be?

How will you know that you don't have this issue anymore?

Have you ever had hypnosis before?

If yes was it helpful?

How did you hear about Rapid shift Therapy ? I referred please let me know by whom....

Please indicate if you are interested in an individual RTT session or a package of sessions?

Post Session Commitment

I understand the importance of listening to my personalised recording daily, for at least 21 days (3 weeks) to ensure optimum results.

- [ ] I commit to listening to my recoding.
- [ ] I can confirm I have no history of Psychosis or Epilepsy
- [ ] By using this service, you agree to our terms, acknowledging that we collect & securely store your data in compliance with GDPR regulations, ensuring confidentiality & implementing necessary measures to safeguard your information.
- [ ] I have read & agree to the terms & conditions.

Cancellation Terms

For sessions, full payment is payable on booking to confirm the session - non refundable within 10 days (please read T's & C's as appointments can be changed in serious circumstances).

I agree to the above cancellation terms.

Signed:

Date:

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