



**Private and Confidential**

<b>Client's name:</b>
<b>Address:</b>
<b>Contact telephone number:</b>
<b>Age:</b>
<b>Relationship / children:</b>
<b>Interests:</b>
<b>Occupation:</b>
<b>Symptoms and Duration:</b>
<b>Previous treatments for the above:</b>
<b>Fears / Phobias</b>
<b>Asthma / Allergies:</b>
<b>Depression now or in the past:</b>
<b>Epilepsy:</b>
<b>Previous hypnotherapy:</b>
<b>Current state of physical health:</b>
<b>Current medication:</b>
<b>GP's name and Address:</b>