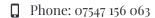
## Hypnotherapy Consent, Terms and Conditions

Name: Address:						
Email:	Mobile Number:					
Emergency Contact:	Emergency Number:					
Have you ever had hypnotherapy before? (please give details):						
What would you like to achieve from hypnotherapy treatment?						
What do you feel has contributed to the issue you are seeking hypnotherapy?						
Do you have any of the following medical conditions?						
Depression	Yes	No				
Bipolar disorder	Yes	No				
Schizophrenia	Yes	No				
Borderline personality disorder	Yes	No				
Experience of psychotic episodes	Yes	No				
Epilepsy	Yes	No				
Heart disease	Yes	No				

Do you have any other psychiatric condition (not listed above)? Are you currently under the care of a psychiatric team or a psychiatrist? If yes, please give details:



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If your condition is of a mental or physical health nature (such as depression, anxiety or chronic pain), have you received a medical diagnosis? If yes, please give details:

## Confidentiality

Everything that you disclose to me will remain confidential, except in exceptional circumstances, described below:

As a GHR member I am bound by GHR's Code of Ethics and Practice and its Complaints Procedure. Regarding confidentiality, the GHR states that therapists must offer the highest possible level of confidentiality in order to respect the client's privacy and create the trust necessary for the hypnotherapy sessions. However, in exceptional circumstances, where there are good grounds for believing that serious harm may occur to the client (i.e. you) or to other people (including children), and/or where there are good grounds for believing that the client is no longer willing or able to take responsibility for his/her actions, confidentiality may be broken.

## **Terms and Consent**

Hypnotherapy will involve me talking to you to help you achieve a state of 'hypnosis' and may involve me touching your arm, wrist or shoulder to deepen your state of hypnosis.

Hypnotherapy does not guarantee a cure for a condition, mental disorder or medical disease; although it may help some clients reach their goals and manage and improve a variety of conditions.

Hypnotherapy should not be used as a substitute for advice from your GP, Consultant, mental healthcare provider or any other healthcare or legal advisor.

Phone: 07547 156 063

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All new clients must complete and sign a client consent form 72 hours prior to the booking. Sessions will only take place if there are no contraindications to treatment. In some circumstances GP/Consultant permission may be required. If the signed consent form is not provided or there are contraindications to the treatment, I therapist Aneet Alang reserve the right to withdraw and refuse services.

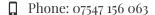
Payments must be made 48 hours in advance of the booking for any consultations or sessions to take place.

Cancellations require 24 hours notice otherwise the full amount of the session will be charged. Late arrivals may mean that your appointment may need to be rescheduled and the full amount of your session will be charged. Refunds for hypnotherapy sessions can be provided on the basis 24 hours notice is given.

The therapist Aneet Alang reserves the right to cancel the session within 24 hours.

The therapist Aneet Alang reserves the right to cancel the treatment immediately for any inappropriate behaviour. The full amount for the session will be charged.

- I, the Client understand that the therapist Aneet Alang will be holding my personal data, medical information, correspondence and information disclosed to me during therapy for a minimum of seven years.
- I, the Client understand that that all information disclosed is confidential, except that is required by law or insurance purposes to disclose. The therapist Aneet Alang may disclose information if thought there is imminent danger evident towards herself, the client or to another person.
- I, the Client will not sub-license, re-sell, rent, lend, copy, publish, gift or otherwise transfer or distribute materials (text and images) provided to me by the Therapist Aneet Alang such as (but not limited to) supporting guides.



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I, the Client will not copy or use the business logo and trading name Wellness By Aneet and name Aneet Alang.

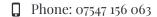
I, the Client agree and consent to being contacted through phone calls, text messages, emails and WhatsApp.

I, the Client have completed this form to the best of my knowledge and agree to the Terms, Conditions and Consent as written above.

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Signature:

Date:



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