



Reframe Therapy
New client registration

Full Name *

First Name Last Name

Phone Number

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

E-mail *

example@example.com

G.P Name *

Practice Name Telephone

What is your main reason for contacting us? *

Anxiety/Stress
Chronic Pain
Weight Issues

Insomnia
Depression
General Fear

Surgical Anxiety
Low Self Esteem
Relationship Issues
Sports Performance
Exam/Driving Test Confidence
Goal Setting

Lack of Motivation
Phobia/Phobic Reactions
Stop Smoking
Alcohol/Drug use
Unwanted Habits
Other

Other

Medical History *

If the reason for today's visit has to do with a medical or mental health issue, it may be necessary to obtain your doctors approval to use hypnotherapy

Is there any history of mental illness in the family (e.g. Depression, Anxiety) *

Have you recently had or are having suicidal thoughts? *

Yes
No

Have you been Hypnotised before? *

Yes
No

List your three Favourite colours *

What is Your Favourite Season? *

Spring

Summer

Autumn

Winter

List any Fear or Phobia (e.g. Lifts, Heights, Spiders etc)

What is Your Favorite Weather?

Please list at least three benefits that you would gain by making the change/s that you desire

List three of your favourite pastimes or hobbies

Complete this sentence: I am happiest when...

What do you want the outcome to be from this therapy?

If i could click my fingers and you were instantly better, or even cured, how would you know?

All personal information will only be viewed by Reframe Therpay and the client named on this form. Storage of this information will be kept safe in a lockable storage cabinet and will be kept for 1 year, for the purpose of the therapy sought and any possible future sessions required.

Confidentiality

As a registered member of the General Hypnotherapy Register (GHR) I abide by their Code of Ethics. Matters discussed between us will remain confidential. The exceptions to this confidentiality clause are if:

I believe you or someone else is at risk of serious harm

I hear of harm or abuse to a child

I am ordered by a court of law

I become aware of an act of terrorism

If I believe you are at risk of harming yourself, I will consider contacting your GP or Local Crisis Team. I would make every effort to discuss any concerns I have with you first.

In accordance with best clinical practice, I discuss my work with a supervisor. My supervisor is bound by the same code of confidentiality and ethical framework.

Data Protection Act

Any personal details I keep are stored securely. Under the terms of the 1998 Data Protection, you must give your consent to such information being made and retained. By signing this agreement, you are giving such permission.

Missed appointments and late arrivals

The duration of hypnotherapy sessions may vary, usually once a week. Should you arrive late for a session I will not be able to extend the session beyond our original scheduled ending time as I may well have another client due.

If you need to cancel a session, 24 hours' notice is required. One other session date will be offered as an option. On the rare occasion that I am unable to keep our appointment, I will give you as much notice as I can and I will rearrange as soon as possible.

Fees

Therapy fees will be confirmed at consultation and are dependent on treatment required. All fees are payable on confirmation of appointment time and are non-refundable.

I am responsible for giving full details regarding my health. The above information is complete and accurate. I will notify the hypnotherapist of any changes to my health or medication immediately. I understand that my consultation and any subsequent therapy shall remain confidential except in situations where legal statute requires appropriate authorities to be notified. I agree that because people are individual and unique, there can be no guarantees regarding the outcome of any treatment, and I therefore agree that Reframe Therapy accepts no liability in this regard. I confirm that I realise that in order to get the best results, I need to work in a collaborative way with the hypnotherapist understand that my full co-operation and positive input is required to obtain those best results. I hereby consent to this consultation and any subsequent treatment.

Date *

Month Day Year