



## CLIENT CONSENT FORM – ADULT

FULL NAME:

DATE OF BIRTH:

PRESENTING CONDITION/GOAL:

ADDRESS & POSTCODE:

PHONE NO:

EMAIL:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT TEL:

*Please provide the following information and sign the form at the end:*

**1. Please list all prescription medication you currently take, the condition(s) for which you take it, doses and duration.**

.....  
.....  
.....

**2. Are you currently using any recreational drugs, for example cannabis or Ecstasy? YES / NO**

If yes, please detail .....

If you smoke or drink alcohol please give details.....

**3. If you have ever been diagnosed with any of the following conditions, please give details: Epilepsy, Schizophrenia, Heart Condition, Psychosis**

No ( ) Yes ( ) Details: .....

**4. Are you currently receiving psychiatric treatment/counselling/other talking therapies? YES / NO**

If yes, under whose care, and where?

**5. What do you find relaxing (eg places, situations, sounds...):**



**6. Please list (or circle) anything you are uncomfortable with, or upset by:** e.g. spiders, heights, enclosed spaces, elevators, germs, flying, snakes/reptiles, water, darkness, blood, knives, rats & mice, crowds etc.

**7. Have you, at any time, seriously considered or attempted suicide?** YES / NO If yes, please provide full details of the circumstance(s) and date(s):

**8. Please provide the name, practice and telephone number of your GP and/or Hospital Consultant:**

**9. Do you give permission for Amanda Craven to contact your GP and/or Hospital Consultant if she deems it strictly necessary?** YES / NO

**10. Are you happy to receive email updates about mental wellbeing and Not Just Coaching services?** YES/NO

**PLEASE CAREFULLY READ AND NOTE THE FOLLOWING:**

1. I understand the scope of the coaching/therapies Amanda Craven provides and give my full consent to receiving coaching/therapy sessions from her. I understand that results may vary from person to person, and the agreement by Amanda to work on the issues or problems presented by me, using whatever model or models are appropriate to my situation, in no way implies or guarantees a 'cure' of the said issues or problems.
2. I understand that Hypnotherapy is not a replacement for medical treatment, psychological or psychiatric services. I also understand that Amanda does not treat, prescribe for, or diagnose any condition.  
I declare that, if advised prior to any session with Amanda to seek medical approval, I have consulted with my GP and/or Hospital Consultant and gained the appropriate medical approval for working with her.
3. I understand that there will be only essential contact between sessions - strictly limited to text, email or letter.
4. I have accurately/truthfully answered the questions on this Form.
6. Confidentiality is paramount and will be maintained in all but the most exceptional circumstances in accordance with current ethical guidelines. I agree that these can include: legal action (criminal or civil court cases where a court order is made demanding disclosure, including coroners' courts); child abuse; if I am an imminent danger to myself or others; and where there is good cause to believe that not to disclose would cause danger of serious harm to others.
7. I understand that each session is payable at time of booking. If I need to cancel I will give minimum 24 hours' notice in order to receive a full refund.

*I agree to the terms stated above.*

\_\_\_\_\_

The Client – Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Coach/Therapist – Amanda Craven

\_\_\_\_\_

Signature

\_\_\_\_\_

Date