Clarity-Hypnotherapy

www.clarity-hypnotherapyforlife.co.uk

07738 477472

Kathryn Illsley DMCCH GQHP IIPCH

**Consultation Form**

Please complete the form below and return to me 3 days prior to your appointment. If you are currently being supervised by a Physician or Psychiatrist or similar, please include this information.

Name…………………………………………………………………………………..

Address………………………………………………………………………………..

………………………………………………………………………………………….

Telephone number………………………………………………………………….

Email…………………………………………………………………………………..

Age/Date of Birth……………………………………………………………………

Reason for wanting hypnotherapy……………………………………………….

…………………………………………………………………………………………..

Have you had hypnotherapy previously?.................................................

When and Why if yes to the above………………………………………………

Was this a success?.................................................................................

Do you consider yourself analytical?……………………………………………..

Do you have any phobias? Y/N ..............................................................

If yes, what are these phobias?................................................................

Do you have any fears? Y/N...................................................................

If yes, what are your fears?......................................................................

Medication

Please list any medication you are currently taking?.............................................

……………………………………………………………………………………………………..

……………………………………………………………………………………………………....

………………………………………………………………………………………………………

Do you have seizures? Y/N...................................................................................

Do you have a psychiatric illness? Y/N………………………………………………………

Do you take Drugs? Y/N……………………………………………………………………….

**Personal Information**

Occupation………………………………………………………………………………………..

What do you do to relax?.....................................................................................

Do you meditate? Y/N………………………………………………………………………….

Do you exercise? Y/N……………………………………………………………………………

If yes to exercise, how often?.................................................................................

Do you drink alcohol? Y/N…………………………………………………………………….

If yes to alcohol, how many units per week?..........................................................

Do you have a good imagination? Y/N……………………………………………………..

What is your favourite colour?..............................................................................

Your hypnotherapy session will take approx. 60 minutes. It depends on the individual. During hypnosis, you will be guided to a relaxed, comfortable space, within yourself. The subconscious mind is open to suggestion when you are in a relaxed state. During the session, you are always in control and aware of what is happening.

Client name (print)……………………………………………………………………………….

Client Signature………………………………………………………… Date………………….