 Peace of Mind Hypnotherapy

Initial Consultation Form

Dear Client,

Welcome to Peace of Mind Hypnotherapy. Whatever your goal or journey I am looking forward to helping and supporting you through this important time.

Below are a few questions, to assist me in developing and making your sessions as relevant, effective and personal to you. Please take your time to fill these in carefully, providing as much information as possible. If you have any questions about the form or in general, then please do get in touch using the email below. I aim to respond within 48hrs.

**PERSONAL DETAILS**

| Full Name  Preferred Name (to be used in Consultations) | Date or birth |
| --- | --- |
| Address | |
| Gender assigned at birth  Gender you identify as | Pronouns |
| Telephone Number | Email address |
| What is your preferred method of communication?  Do you consent to messages being sent to the preferred method of contact? | |
| Marital Status | Children? Ages. |
| Current Employment | Previous Employment |

**EMERGENCY CONTACT DETAILS**

| Emergency Contact Name and Relationship | Emergency Contact Number |
| --- | --- |

**MEDICAL DETAILS**

| GP Name and Address | | |
| --- | --- | --- |
| Current Health Problems -  Do you or have you ever suffered or experienced any of the following conditions?  **Please place a X in the relevant box for each of the following.**  **Please indicate even if No and if you have answered YES please use the box below this table to tell me more.** | | |
|  | YES | NO |
| Epilepsy |  |  |
| A diagnosed mental health issue e.g., depression, OCD, bipolar, psychosis |  |  |
| Drug or Alcohol addiction |  |  |
| Heart condition or  HIGH or LOW blood pressure |  |  |
| Asthma |  |  |
| Migraines/Headaches |  |  |
| Fainting spells |  |  |
| Diabetes |  |  |
| Other long-term health condition (please state) |  |  |
| Are you pregnant? |  |  |
| Have you a diagnosis of ASD or ADHD? |  |  |
| Do you have any learning difficulty such as dyslexia/ dyspraxia? |  |  |
| Do you have any learning disability? |  |  |
| Do you need consent from your GP to receive any form of therapy? |  |  |
| Are you right or left handed? |  | |
| Do you feel the cold? Do you experience hot flushes? |  | |
| Please give details below for any of the conditions you have answered Yes to. | | |

**EQUALITY**

|  | YES | NO |
| --- | --- | --- |
| Do you have any physical disabilities?  Do these require changes to be made to the therapy sessions directly?  (please state) |  |  |
| Do you require any adjustments or support in accessing the building? |  |  |

**LIFESTYLE**

|  | YES | NO |
| --- | --- | --- |
| Do you drink?  If so how much a week? |  |  |
| Do you smoke?  If so how many a day? |  |  |
| Do you use recreational drugs?  If so which drug and when was the last time? |  |  |

Have you ever received therapy before?

If so please explain the reasons for, dates and length of treatment or therapy.

**HISTORY OR PRESENTING CHALLENGE**

Please explain what you are seeking support for and a brief history of the problem?

How long has this issue been a challenge for you?

What have you tried in the past to help with this issue?

What have you found difficult when dealing with this issue? How has this affected you?

What have been your barriers to making change in the past?

How will you know when things have improved for you?

What are your 3 main goals?

1)

2)

3)

Do you have any fears or phobias that the sessions should not make reference to, unless attending for phobia support?

**THERAPEUTIC PREFERENCES**

**Please read the paragraph below. It may help if you can get someone else to read it out loud to you.**

*“ I would like you to imagine yourself walking towards a beautiful forest…..*

1. *“Ahead of you is a path that leads through the trees, you see the sun piercing through the trees and dappling across the ground. A rustle in one of the trees draws your attention to the presence of a squirrel and you watch for a moment, the squirrel darts up and down a tree and is quickly followed by another squirrel as they play a game of chase in amongst the branches.”*
2. *“You can hear the sound of birdsong and the rustling of the wind, twigs and broken branches crackle beneath your feet. As you meander slowly through the forest, the puff of your own breath passes by your ears.”*
3. *“Venturing further into the forest, a branch brushes softly against your leg and you become aware of the earthy smell, crisp air smoothes across your face making you feel at one with the forest. As you approach a smooth flowing stream you lean over the water and pick up a branch, lightly flicking the surface of the water, tiny droplets of water jump up and land softly on your cheek.”*

Please highlight which part of the above paragraphs you could imagine -

|  | Please make your choice here. |
| --- | --- |
| 1) See the sun dappled on the ground and the squirrels playing |  |
| 2) Hear the birdsong, rustling branches and your breathe |  |
| 3) Feel the branch against your leg, feel the flow of the stream and the cold water on your face |  |

If there is more than one choice please order them in preference

1st choice -

2nd choice -

3rd choice -