

Initial Consultation Form

Section 1		
Title		
Full Name		
Preferred Name		
Gender and pronoun		
Date of Birth		
Address		
Preferred contact number		
Can I leave a voicemail?		
Use text messages?		
Use WhatsApp?		
Email address		
Emergency contact		
Occupation		
Any previous occupation/s		
Medical History		
GP Name and Address		
Medication		
Do you fall into any of the following categories:		
Epilepsy or seizures	Yes	No
Pregnancy		
A clinical diagnosis or undiagnosed presentation of psychosis or borderline		
personality disorder either now or in the past		
A diagnosis or undiagnosed presentation of depression, whether past or		
present, medicated or not		
Dependency on alcohol or psychoactive drugs, recreational or prescribed		
Being very elderly, frail or otherwise unwell		
High blood pressure		
Heart or circulatory problems		
Migraines		
Do you wear contact lenses?		
History or current experience of significant abuse or trauma or complex		
comorbidity with other symptoms		
Any other serious illness or any other medical history (if yes please detail		
below)		<u>. </u>
Any other relevant family medical history:		
Section 2		
Hypnotherapy		

Experience of	
hypnotherapy	
Experience of any other	
therapy	
What are your goals?	
Why now?	
Details about your	
presenting issue	
Fears or phobias	
Right or left-handed	

Underline the answers that most represents how you generally behave:

When I operate new equipment, I generally:

- a) Read the instructions first
- b) Listen to an explanation from someone who has used it before
- c) Go ahead and have a go, I can figure it out as I use it

If I am teaching someone something new, I tend to:

- a) Write instructions down for them
- b) Give them a verbal explanation
- c) Demonstrate first and then let them have a go

I tend to say:

- a) I see what you mean
- b) I hear what you're saying
- c) I know how you feel

My first memory is of:

- a) Looking at something
- b) Being spoken to
- c) Doing something

When I'm anxious, I:

- a) Visualise the worst-case scenarios
- b) Talk over in my head what worries me the most
- c) Can't sit still, fiddle and move around constantly

Which statement do you prefer:

- a) Make yourself as comfortable as you can; move around a little until you feel that you are as comfortable as you can possibly be, now close your eyes
- b) Make yourself as comfortable as you can; you may choose to move around a little until you are as comfortable as you can possibly be, you may wish to close your eyes if this makes you more comfortable

Describe the places, real or imaginary, that relax you and put you at peace:

Please share any other issues, recent life-changing events, or any other information that would be helpful for me to know about:		
Privacy Notice	All personal data will be kept confidential and stored securely in line with GDPR	
I hereby confirm that the above information is true and accurate to the best of my knowledge		
Signed		
Date		