

Client Details

Surname: _____

First Name: _____

Age: _____

Occupation: _____

Phone: _____

Email: _____

Which town /city do you live in?: _____

Reason for visit: _____

How long have you had this problem? _____

Your Health:

Are you currently under the care of a Psychiatrist or Psychologist? YES / NO

Have you been admitted to hospital with any mental health issues? YES / NO

Have you ever been diagnosed with or suspected of having:

Epilepsy YES / NO

Schizophrenia YES / NO

Bi-polar disorder YES / NO

Psychosis YES / NO

Mental Health Disorders YES / NO

Do you have suicidal ideation? YES / NO

Chronic Disease or Illness YES / NO

Please detail any health issues:

Do you take any medications / supplements? If yes, please list below:

More About You:

Have you ever participated in Hypnosis or NLP before?

YES / NO

If yes, please tell us about your experience:

Please tell us briefly what you would like to come out of your sessions:

Pre Session Disclaimer:

I certify that all the information provided is true & correct.

I must disclose any health issues that I am currently or previous being treated for.

Teresa Hayfield is not a psychologist, psychiatrist or counsellor and these sessions in no way replace a diagnosis from a medical professional.

The results of the hypnotherapy / NLP sessions are dependent on me following the instructions to the best of my ability.

Everyone responds differently to treatment and therefore results may vary and cannot be guaranteed.

At times it may be necessary for Teresa to respectfully touch my hand, arm, shoulder or wrist. I give the practitioner permission to do so when appropriate. (Don't hesitate to delete this line if you are in any way uncomfortable with this)

Since I, as the client, am in charge of my own hypnotic state, I can terminate a session at any time.

Personal content discussed in the session is strictly confidential.

I have read the terms and conditions of service on the website HayfieldHypnotherapy.com

Signed: _____ Date: _____