

John Glanvill - Clinical Hypnotherapy

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CLIENT INTAKE REGISTRATION

Name:		Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:	Town:	Home phone no:		
County:	Post Code:	Mobile Number:		
Occupation:	Marital Status / Children:	Email Address:		
Issues that you would like to resolve:				
What is the outcome you are looking for?				
What stops you from achieving this on your own?				
Do you feel you are <u>truly</u> ready to make positive changes in your life? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe				
How did you hear about my practice?				

MEDICAL HISTORY

Are you currently taking any medication?	Reason for medication:	
Are you experiencing any of the following?	<input type="checkbox"/> Low Self Esteem <input type="checkbox"/> Alcohol Overuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Finding it Hard to Love Yourself <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Compulsive Tendencies <input type="checkbox"/> Current Illness <input type="checkbox"/> Unable to Relax	<input type="checkbox"/> Abusive Relationship <input type="checkbox"/> Smoker <input type="checkbox"/> Smoking Cannabis <input type="checkbox"/> Recent Bereavement <input type="checkbox"/> Suicidal Thoughts <input type="checkbox"/> Feeling 'lost' <input type="checkbox"/> Are You in Any Pain? <input type="checkbox"/> Any Other Important Issue?
<input type="checkbox"/> Anxiety / Panic Attacks <input type="checkbox"/> Depression or Depressive Moods <input type="checkbox"/> Low Confidence <input type="checkbox"/> Any Eating Disorder <input type="checkbox"/> Lack of Energy <input type="checkbox"/> Insomnia <input type="checkbox"/> Marital Problems <input type="checkbox"/> Stress		

CONSENT STATEMENT

I have been advised by John Glanvill about hypnosis and I give full consent for the use of hypnosis and hypnotherapy during any session. I am aware and understand that in some cases it may be necessary for John Glanvill to respectfully touch my shoulder, hand, wrist, knee or forehead in order to assist me in relaxation or to anchor specific feelings; I give full consent to do so in order to help me establish a beneficial therapeutic outcome. I have been advised that I am free to terminate any or all sessions at any time and I agree to participate in each session to the best of my ability. I understand that confidentiality regarding my sessions will be strictly honoured between John Glanvill and myself at all times.

Signature

Date