Date

Name

Address

Postcode

Phone Numbers

Email Address

Date of Birth

How did you hear about me

What do you personally want to get from this process?

What issue would you like to address?

How is this issue affecting you?

What changes would you like to make?

On a scale of 1 - 10, (10 is high), rate the amount of stress in your life right now.

What do you consider to be the primary causes of stress for you?

Looking back at the last 6 months, are you happy about the direction your life is taking? If not, say why.

Who are the key people in your life and what do they provide for you?

What do you currently do in your daily/weekly routine that would be considered self-care (eg exercise, relaxation….)?

What activities have real meaning for you?

Any other relevant information?

GP’s name

Surgery Name and Address

Postcode

Phone Number

Are you currently experiencing any of the following conditions?:

Heart problems?

Migraine or epilepsy?

Physical pain or injury?

Diabetes?

Asthma?

Any specific fears or phobias?

Have you ever been diagnosed as suffering from any psychological or psychiatric condition?

Have you had hypnotherapy before?

If so what was it for?

Have you consulted your GP (if appropriate) about the condition for which you are seeking help?

Did your doctor recommend that you see a therapist for this problem?

Do you consent to me notifying your doctor about this treatment?

Do you have any other health conditions which you feel might be relevant?

Are you currently taking any prescription medicines?

Do you use ‘recreational’ drugs?

Alcohol consumption per week and caffeine consumed per day?

Who should I contact if I am ever worried about you, give name and contact number, this would only ever be in an emergency

**TERMS AND CONDITIONS**

This Agreement sets out the terms and conditions relating to our work together.

We agree to work together to address the issues presented by you, however, because of the individual nature of the treatment, no guarantee of a cure can be given.

The cost of each session will be £70 per 50 minutes or £85 for 80 minutes. This will be invoiced via email and payment is to be made at least 48 hours prior to commencement of the session.

Cancellation with less than 24 hours notice will result in you being liable for the full cost of the missed session.

Contact between our sessions will be limited to telephone, email or letter.

Any anti-social behaviour by you will result in the immediate cessation of treatment.

**PRIVACY NOTICE**

I take your privacy seriously and will only use your personal information to administer your account and to provide the products and services you have requested/agreed to from me. Due to new guidelines under the GDPR which came into force in May 2018, the following information is a legal requirement for me to pass on. Please read and sign below to say you are in agreement.

I will ensure that your confidentiality will be maintained in all but the most exceptional circumstances and all information collected during the sessions will be protected at all times. Information will only be disclosed under a Court Order (civil, criminal or coroner’s Court) or where not to disclose would cause danger or serious harm to others.

Your Data Controller is:

Carly Harding-Jones – Birch Wellness

Polzeath, Horsell Birch, Woking, GU21 4XD

Your name, address, telephone number, email address; and all the information contained in this agreement will be kept securely.

I also record the sessions and take notes through our sessions which help me to provide the right treatment for you, these are based on our discussion and my observations and are kept in line with professional guidelines for a minimum of 8 years. You have the right to request to hear or see these at any time, with reasonable notice.

I have gained this information from you directly and through no other means. **Your information is NEVER shared without your consent and you have the right to have it removed at ANY time** (within reason, as some basic information I am legally required to hold for HMRC and legal purposes.)

I have an obligation under my membership of the NCH to continue my professional learning and development and therefore I may share case histories with my Supervisors and peer-support groups. All information will be anonymous and this will not be a breach of professional confidentiality.

The information you pass on is used in a variety of ways;

* For me to keep accurate records of my clients for HMRC purposes, which include invoicing.
* So I can refer back to our previous work should you return as a future client, (this can help us both to plan your treatment).
* To provide evidence of clients I have worked with to my accrediting body. This entails, your initials only, and the dates and number of hours that we worked together.
* I am professionally associated with the NCH, they also have privacy policies in place.

**By signing here, the Client is confirming the following:**

• He/she/they has never had a medical practitioner or mental health professional diagnose them with any of the following as these are contra-indicated for hypnotherapy: Epilepsy, Narcolepsy, Bipolar Disorder, Personality Disorder, Psychotic Episodes, Schizophrenia, or any other psychiatric condition or psychological illness. He/she/they is also confirming that he/she/they has not previously taken steps to self-harm or suicide.

• He/she/they understands that being under the influence of alcohol and/or recreational drugs or mind-altering substances (legal or otherwise) during sessions is contra-indicated for Hypnotherapy.

• He/she/they understands that any Hypnotherapy MP3 files provided for the Client by the Therapist for use by the Client in between sessions should not be listened to whilst driving, operating machinery or undertaking any other activity where concentration is required. Any such MP3 files are for the Client’s personal use and must not be lent, copied or sold under any circumstances.

Sign

Date:

Thank you!