

Sudbury Hypnosis Client Intake Form – Smoking Cessation (V15-007)

Name.....Date Of Birth

Address.....

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Tel. No(s).....

Email Add.....

Age.....Marital Status.....No. of children.....

Hobbies/Interests.....

Occupation.....

Is there any part of your past that you do not want to explore (certain ages or experiences).....

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Other Fears/Phobias

Compulsive Habits.....

Do you suffer from asthma or allergies.....

Have you ever suffered from depression.....

Have you suffered from epilepsy in the last two years.....

Have you ever had treatment from a Psychologist/Psychiatrist/Hypnotist

If yes please provide details.....

Have you had hypnosis before.....

Where did you hear of Sudbury Hypnosis?

Current state of health.....

Are you currently taking any drugs/medication.....

Details of any major operations.....

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Doctors name and address

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☐ I have been advised of the scope of hypnosis/hypnotherapy practice and I give my full consent to receiving hypnosis/hypnotherapy sessions.

☐ I understand that results may vary, but after a conversation to assess my desire to stop smoking we have both agreed this is something I really want and I am ready and willing to commit to it. As such Sudbury Hypnosis have explained that I will leave the first session as a non-smoker and that this is supported by a 1 year guarantee; if I should find myself smoking again at any time for up to 1 year from today I can have another session for free.

☐ Hypnosis/Hypnotherapy is not a replacement for medical treatment, psychological or psychiatric services or counselling.

☐ I understand that the Hypnotist/Hypnotherapist does not treat, prescribe for or diagnose any condition.

☐ I understand that the practitioner is a facilitator of hypnosis or hypnotherapy and is not practicing any other profession that requires a license under the laws of England.

Yes/No I am aware and understand that in some cases it may be necessary for the practitioner to respectfully touch my shoulder(s), hand, wrist, or forehead in order to assist me in relaxation. I give the practitioner permission and consent to do so in order to help me establish a beneficial state of hypnosis.

☐ I understand that -

- A non-refundable deposit of £50 needs to be made within 24 hours of receipt of appointment confirmation, with the balance to be paid no later than 24 hours before the session (unless otherwise arranged)
- Cancellations made less than 24 hours before an appointment or missed sessions will be billed at full rate
- Refunds will not be issued after a session has taken place.

☐ I have been advised that I am free to terminate any or all sessions at any time.

☐ I have agreed to participate in each session to the best of my ability.

☐ I have accurately provided background information as requested by the hypnotist/hypnotherapist and confirm that I have no conditions that mean hypnosis is contraindicated.

☐ I understand that confidentiality regarding my sessions will be honoured unless the practitioner feels that I or someone else are in danger, in which case disclosures will be kept to a bare minimum necessary for my protection or the protection of a third party.

Please remember to switch off your mobile phone during our sessions.

Signed

Date / /

GDPR Notice

The information collected within this form is for internal use and will never be sold or otherwise transferred to any third party not acting directly as our agent or employee without your express permission.

The contact information you provide may be used to contact you for follow up or to ask for feedback.

You may request the deletion of this information and within the rules governed by GDPR and as far as is reasonable and practical we will be happy to comply with your request.