

Consultation Form (Private and Confidential Consultation)

Date:

Name:

Date of Birth:

Age:

Address:

Living situation? (alone/parents/spouse)

Relationship Status:

Children:

Home Tel.:

Occupation:

Work:

School:

Source of Referral:

Mobile:

Agreed Fees:

Previous Hypnosis/Therapy (what type? When? What for? What liked/not liked? What learnt?)

Presenting Issue(s):

Trigger(s): - " In what situations is it most severe or problematic for you?"

What happens? How often? How severe for you? Emotions? Sensations? Behaviour? Thoughts? Self-talk?

Impact?

On Relationship/friendships?

On Work/school?

On life in general?

Duration of Problem(s):

When did it start happening?

Has it been getting worse?

Factors & Coping:

What makes it better?

What makes it worse?

How do you try to cope?

Does that work?

What do you think caused the problem to begin with? (Originating cause)

What do you think causes the problem to continue? (Maintaining cause)

Agreed Goals: Treatment Plan (Please leave blank, this we will fill up later)

