



Inner Health

Helping to make a better you.

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|----------------------------------------------------------------------------------------------------------------------------------|--|---------------|------------|
| Last Name | | First Name(s) | |
| Address | | | |
| 'Phone number | | Date of Birth | Occupation |
| Have you ever been treated for an emotional problem? (If 'Yes' – please give details) | | | |
| Have you ever been treated for a life threatening medical condition? (If 'Yes' – please give details) | | | |
| Are you currently under the care of a doctor, hospital, nurse or other medical professional? (If 'Yes' – please give details) | | | |
| Are you experiencing any symptoms other than those for which you are seeking treatment? (If 'Yes' – please give details) | | | |



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What do you wish to accomplish by the use of NLP / hypnosis?

Have you tried other methods to deal with this problem?

(If 'Yes' – please give details)

Have you been hypnotised before or used NLP techniques?

(If 'Yes' – please give details)

Do you have any fears or phobias (apart from anything already mentioned)?

(If 'Yes' – please give details)

I am willing to be guided through relaxation, creative visualisation, hypnosis and stress reduction techniques (including various NLP techniques) for the purpose of vocational or avocational self-improvement. I understand that these techniques are not a substitute for normal medical care. I have been advised that I should continue with any present medical treatment advised by a medical professional (and that I should consult my regular medical practitioner for the treatment of any new or old illnesses), and to discuss this therapy with any doctor who treats me either now or in the future.

Signed

Dated