

## CONFIDENTIAL QUESTIONNAIRE

All information will be kept strictly confidential except that which I am legally obliged to report, such as a threat of injury to yourself or others. Only answer the questions you are comfortable with. Please be aware that the more you can tell me about yourself, the more I can be of assistance to you. Feel free to go into detail about any issue you wish me to know about you, or to help you with. Please return the form electronically or by post in time for the appointment and bring a signed copy with you.

NAME

DATE OF BIRTH

AGE

ADDRESS

TOWN

COUNTRY

POSTCODE

PHONE

MOBILE

EMAIL

PERSONAL STATUS

CURRENT OCCUPATION

Any fears or phobias? If so please list them

Is a doctor treating you for current health issues? If so please list them.

Doctors name and surgery address if being treated.

Have you ever been treated by the Mental Health services? If so please explain what you have been treated for and the approximate date.

Please list any medication you are currently taking and its side effects?

Please list any major operations or traumatic life events you have had.

What is your current occupation?

Do you enjoy your work?

Why are you seeking therapy? Please be as specific as you can.

What previous experiences of therapy do you have?

Have you ever experienced hypnosis before?

Do you follow any Spiritual/Religious practices or do meditation?

How did you hear about me?

Is there anything else that I need to know about your problem?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE NOTE: I can often re-arrange appointments if necessary but if you need to re-arrange or cancel with less than 48 hours notice, I may need to charge you for your missed appointment.