

FULL NAME: \_\_\_\_\_

D.O.B and AGE: \_\_\_\_\_ / \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

PHONE No: \_\_\_\_\_ MOBILE No: \_\_\_\_\_

EMAIL (please print clearly): \_\_\_\_\_

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***Please answer the following questions thoroughly and honestly:***

1. Please list all prescription medication you currently take, and the condition(s) for which you take it:

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2. Are you currently using any non-prescription (i.e recreational) drugs? YES / NO

If yes, please detail .....

3. Have you ever been diagnosed with any of the following conditions:

Depression YES / NO If yes, when? .....

Bi-Polar Disorder YES / NO If yes, when? .....

Epilepsy YES / NO If yes, when? .....

Obsessive Compulsive Disorder YES / NO If yes, when? .....

4. Are you currently receiving psychiatric treatment? YES / NO

If yes, under whose care, and where? .....

5. Are you currently attending counselling and/or therapy with another practitioner? YES / NO

If yes, from whom, and where? .....

6. Do you regularly experience any the following symptoms (please underline any which apply to you) :

Heart beating alarmingly quickly.	Breathing rate rapidly increased.
The feeling of a tingling sensation.	A cramped or knotted feeling in the diaphragm.
A hot and/or a cold flush (unrelated to age).	Becoming dumbstruck and/or immobilised.
Feeling as though you might faint.	Feeling as though there wasn't enough air to breathe.

7. Please list (or circle) anything you are uncomfortable with, or upset by , e.g spiders, heights, enclosed spaces, germs, flying, snakes/reptiles, water, darkness, blood, knives, rats & mice, crowds etc .....

8. Do you regularly drink large quantities of alcoholic beverages? YES / NO

If yes, please give frequency, and approximate quantity .....

9. Have you, at any time, seriously considered or attempted suicide? If yes, please provide full details of the circumstance(s) and date(s): .....

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10. Please provide the name, address and telephone number of your GP/Hospital Consultant:

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I declare that the information given here is true and correct to the best of my knowledge

Signed ..... Dated .....

**PLEASE CAREFULLY READ AND NOTE THE FOLLOWING:**

- A) I understand that the agreement by Penny Samuels to work on the issues or problems presented by me, using whatever model or models are appropriate to my situation, in no way implies or guarantees a 'cure' of the said issues or problems.
- B) I understand that any tape cassette, mp3 download, CD or DVD given to me is done so free of charge (unless stated otherwise), and at Penny Samuels' discretion. I agree that any such tape cassette, mp3 download, CD or DVD is for my personal use only, and I agree that it is not to be lent, copied or sold under any circumstances whatsoever.
- C) **I agree that cancellation of a planned session within 48 hours, or non-attendance of a session without prior warning, will result in either a charge being made that is equal to the fee of the planned session, or a £25.00 cancellation fee. Fees are charged at Penny Samuels' discretion, and I agree to pay the fees incurred in those circumstances.**
- D) I understand that home visits will be made by Penny Samuels only in exceptional circumstances, and should I require a home visit I agree to pay an additional fee to cover Penny's travel expenses.
- E) I declare that, if advised prior to any session with Penny Samuels to seek medical approval, I have consulted with my General Practitioner or Hospital Consultant and gained the appropriate medical approval for working with Penny Samuels.
- F) I agree that contact between sessions will be strictly limited to telephone, email or letter.
- G) I agree that antisocial behaviour will cause the *immediate* cessation of treatment.
- H) I understand that I have access to the complaints and discipline procedures of the National Council for Hypnotherapy.
- I) Confidentiality is paramount and will be maintained in all but the most exceptional circumstances. I agree that these can include: legal action (criminal or civil court cases where a court order is made demanding disclosure, including coroners' courts) and where there is good cause to believe that not to disclose would cause danger of serious harm to others. Most standards of confidentiality applied in professional contexts are based on the Common Law concept of confidentiality where the duty to keep confidence is measured against the concept of "greater good". The sharing of anonymous case histories with supervisors and peer-support groups is not a breach of professional confidentiality. The sharing of open case histories with supervisors and any referring NHS medical practitioner is also not a breach.

Signed ..... Dated .....

**Penny Samuels**  
CMH, DC.Hyp, CPNLP, SQHP, CPEFT, CPEMDR, CPCID, CPH, MNCH (Lic.)  
**Clinical Hypnotherapist & Psychotherapist**  
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