

Consent Form for Penny Samuels

FULL NAME: _____

DATE OF BIRTH: _____ CURRENT AGE: _____

OCCUPATION: _____

ADDRESS: _____

_____ POSTCODE: _____

PHONE No: _____ MOBILE No: _____

EMAIL (please print clearly): _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE / MOBILE NUMBER: _____

Please answer the following questions thoroughly and honestly:

1. 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 recreational drugs, for example cannabis or Ecstasy? 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, please provide full name, address and telephone number:

6. 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.
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7. What, (if any) therapy, lifestyle or attitude changes have been partially successful in making you feel better?

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8. Have you, at any time, *seriously* considered or attempted suicide? If not, please write 'No'; if yes, please provide full details of the circumstance(s) and date(s):
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9. Please provide the name, address and telephone number of your GP and/or Hospital Consultant:
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10. Do you give permission for Penny Samuels to contact your GP and/or Hospital Consultant if she deems it strictly necessary? Yes / No

PLEASE CAREFULLY READ AND NOTE THE FOLLOWING:

1. I have been advised by Penny Samuels the scope of the therapies she provides and give my full consent to receiving therapy sessions from Penny Samuels. I understand that results vary from person to person, and 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.
2. I understand that Hypnotherapy, or any other therapy provided by Penny Samuels, is not a replacement for medical treatment, psychological or psychiatric services or the appropriate counselling. I also understand that Penny Samuels does not treat, prescribe for, or diagnose any condition. I declare that, if advised prior to any session with Penny Samuels to seek medical approval, I have consulted with my General Practitioner and/or Hospital Consultant and gained the appropriate medical approval for working with Penny Samuels.
3. 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, and that contact between sessions will be strictly limited to telephone, email or letter.
4. I have accurately and truthfully answered the questions on this Consent Form and provided background information as requested by Penny Samuels.
5. ***PLEASE NOTE: Penny Samuels has reserved your session for you and it is her policy to charge £25.00 for cancellations received with less than 24 hours notice, or non-attendance. Non-attendance of a fee-paying booked session without prior warning will result in a charge being made that is equal to the fee of the session. Such fees are charged at Penny Samuels' discretion, and I agree to pay fees incurred in those circumstances.***
6. I agree that reports requested by insurance companies, doctors, employers, courts, etc. will not be released without my written permission, and will incur a nominal fee of £5.00 to prepare and provide.
7. I understand that any mp3 download or CD is provided for me at Penny Samuels' discretion. I agree that any such mp3 download or CD is for my personal use only and that it is not to be lent, copied or sold under any circumstances.
8. 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. Where appropriate, I confirm I have completed a 'Notice of Right to Cancel the Contract Form' provided by Penny Samuels.
9. 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); child abuse; if I am an imminent danger to myself or others; 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.

I agree to the terms stated above.

Signed **Dated**

Please PRINT Full Name

Penny Samuels, CMH, DipC.Hyp, Dip.NLP, Dip.EMDR, Dip.CID, Dip.EFT, Dip.PLR, SQHP, MNCH (Lic)

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