Heather Fountain
HYPNOTHERAPY

PRE-SESSION MEDICAL HISTORY

NAME: _____

SURNAME: _____

APPOINTMENT DATE: _____

APPOINTMENT TIME: _____

1.	What is your general state of health? Have you had any operations, suffer from any aches and pains, blood pressure or cholesterol or any other medical condition?
2.	Are you taking any medication such as anti-depressants, sleeping pills or any other prescription drugs?
3.	Please describe your sleep patterns. Do you sleep 8 hours uninterrupted, or less than 6 hours light restless sleep or otherwise?
4.	Do you do any general exercise. If so how many times per week?
5.	Please describe your most applicable eating habits. Do you eat 3 small healthy meals or do you eat "quick on the run fast foods"
6.	Have you ever had a psychotic episode? If so how long ago?

7.	Are you currently experiencing any of the following:-			
	Anxiety or Stress	Panic Attacks	Feeling Overwhelmed	Depression
	Obsessive Behaviour	Chronic Pain	Phobias	Obsessive Thoughts
	Grief or Loss	Domestic Violence or Abuse	Excessive Alcohol	Relationship Issues
	Over Eating	Under Eating	Suicidal Thoughts	Engaged in Excessive Drug Use
	Sadness	Poor Work Environment		
	List any other below:-			
8.	Do you use recreational drugs or alcohol on a daily basis?			
9.	Do you have any major problems (such as phobias) that interfere with your daily life? For example, a fear of insects, heights, or confined spaces			
10.	Have you ever been hypnotised before? If yes, please provide details.			
11.	What would you like to achieve in the hypnotherapy session/sessions?			
12.	Are you hard of hearing?			
13.	Do you have any hobbies?			
14.	Are you religious or spiritual? If so what is your belief?			

15.	What do you consider your strengths?
16.	By signing this form below, I confirm that I have read the content of the introductory letter and accept the fee. I further confirm that the information I have provided above is true and correct.

POPI Act Disclaimer: I acknowledge that this declaration form contains personal information as defined in the Protection of Personal Information Act, 2013 (the "Act"). By signing the form, I consent to the processing of my personal information in accordance with the requirements of the Act. I acknowledge that I cannot unreasonably withhold my consent. I acknowledge that the purpose for processing my personal information is in terms of this declaration.

CLIENT: _____ **DATE:**_____

HYPNOSIS PRACTITIONER: _____ **DATE:**_____