



Patient / Client Information Form

Hannah Makin BSc, MSc, MBPsS, NLP Prac. Psychologist and NLP Practitioner

Please complete this form (All information is strictly confidential)

Last Name (please print), First Name Middle Initial

Street Address City County Postcode

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Home Telephone # Mobile Telephone # Email:

Birth Date

Occupation

Name I like to be called: _____

Have you ever been treated for an emotional problem? **Yes No**

If yes, please explain:

Have you ever been treated for: (circle) **Diabetes - Epilepsy - Heart Disorder - Digestive Problems – Cancer**

If so, please give details of the stage of your illness now or in the past and give details of treatment:

Have you ever been hypnotized before? **Yes No**

If yes, please explain:

What do you want to accomplish through the use of the therapy session ?

Any previous efforts to solve this problem? **Yes No**

Results? _____

Do you have any fears or phobias? _____

Are you prone to panic or anxiety attacks? _____

Do you now / have you in the past consulted a homeopath or acupuncturist ? If they are treating you now, what condition is it for? _____



Please provide the name and address of your current GP or if you are under a specialist consultant, provide their contact details in order that they may be informed of your treatment with Hannah Makin if relevant at any time: _____

How did you hear about me? (circle all that apply)

Medical Referral - Relative - Friend - Newspaper - Radio - Television - Phone Book
Other: _____

I am willing to be guided through relaxation, visual imagery, creative visualization, hypnosis, NLP, and stress reduction processes and techniques for the purpose of vocational or avocational self-improvement. I understand that the therapy I am receiving is not a substitute for normal medical care and I have been advised to discuss this hypnotherapy or NLP with any doctor who is taking care of me now or in the future. Additionally, I should continue any present medical treatment and consult my regular medical doctor for treatment of any new or old illnesses.

- Please tick to indicate you have read and understood terms and conditions.

Signature: _____ Date : _____

Terms and Conditions. Please read carefully.

Payment

All sessions must be paid for 5 working days in advance using BACS payment to the following account:

Please use your name as the reference.

Personal Declaration

By signing this booking form you are declaring that you know of no reasons why you should not undergo this course of treatment in Hypnotherapy or NLP.

By signing this booking form you are declaring that you are over 18 years of age at the time the course of treatment commences, OR, if under 18 you have informed a parent or guardian about this course of treatment

Cancellation Policy

Once you agree to the terms of the treatment program you must abide by the standard cancellation policy. By signing this form you are acknowledging that you have read and understand the cancellation policy and agree to abide by it.

If you cancel your course of treatment less than 48 hours in advance you will be charged the full therapy treatment fee. Any cancellations made more than 48 hours in advance will have 50% of therapy session fee refunded.



Hannah Makin BSC (PSY), MSC (HEALTH PSY), MBPSS, NLP PRAC.
WOMEN'S PSYCHOLOGIST AND NLP THERAPIST

If you miss an appointment and arrange for a replacement appointment, your therapy fee will be moved forward to the new treatment time, but no refund will be made.

Understanding the terms of Booking and Acceptance

By signing this form you are agreeing to these terms of acceptance. I look forward to working with you soon,.