Client Ref. .....

CLIENT INTAKE AND CONSENT FORM

Section 1

CONFIDENTIALITY This form is to be completed by all new clients. Information provided will become part of CONFIDENTIAL records. It will be managed in accordance with Evolve Talking Therapies Privacy Policy	
First Name/s	Surname
Date of Birth	
Address	Post Code
Tel No (home)	Mobile No.
Email/s	
GP Name	GP Address
GP Tel. No.	
My preferred method of contact is: Email/ Text/ WhatsApp: (provide details for therapist)	
CONSENT I hereby consent to Sue M Dixon of Evolve Talking Therapies to collect and process my information, as is required and necessitated by you, the therapist, for the pursuance of my own and your legitimate interests. I have read and understood and understand the Privacy Statement in respect of handling my recorded data.	
Client Signature	Print
Date of consent	

ICO Registration:No. ZB888742

Section 2 – CONFIDENTIAL

1. Are you currently taking prescribed medication or over the counter medication?

If yes, please list

2. Do you smoke?

If yes, how many?

3. Do you drink alcohol?

If yes, how many units per week and how many times per week?

4. Do you use recreational drugs?

If yes, please provide details, how often how much?

5. Have you ever received treatment for psychological issues?

If yes, please provide details, when, where and any diagnosis.

6. Have you ever suffered from any type of eating disorder?

If yes, please provide details.

7. Do you have any work /school issues currently?

If yes, please give details.

8. Have you had any bereavement/losses/accidents or significant life events recently?

If yes, please provide details.

9. Do you have a history of trauma (abuse physical or mental), neglect, or exclusion

If yes, please give details

ICO Registration:No. ZB888742

10. What are your goals/ expectations from hypnotherapy/bereavement coaching/counselling (indicate one)

Please list if you feel able …

11. What are your main areas of concern at the moment?

Please list if you feel able …

12. Have you had previous experience of hypnotherapy/counselling?

If yes, please indicate

13. Why have you chosen to seek hypnotherapy/counselling at this particular point in your life?

14. If I could wave a magic wand and you felt instantly better:

I. How would you feel?

II. How would that affect you?

III. How would your life be different?

Any other comments you wish to share:

CONSENT

I hereby consent to Sue M Dixon of Evolve Talking Therapies to collect and process my information, as is required and necessitated by you, the therapist, for the pursuance of my own and your legitimate interests. I have read and understood and understand the Privacy Statement in respect of handling my recorded data.

Client Signature_____ Date_____

ICO Registration:No. ZB888742

Print Name_____

ICO Registration:No. ZB888742