

COMPLETE relaxation

Name

Address

Telephone Mobile

Next of kin Relationship

Telephone Mobile

Please list any sporting or physical activities in which you are currently or have recently taken part in:

Are you currently taking/recently taken any medication? Yes No

If yes, please give details:

Have you suffered from, or been treated for any of the following?

- | | | | | | |
|----------------------|--------------------------|--------------------|--------------------------|---|--------------------------|
| Heart problems | <input type="checkbox"/> | Veruca | <input type="checkbox"/> | Schizophrenia | <input type="checkbox"/> |
| Athletes foot | <input type="checkbox"/> | Pregnant | <input type="checkbox"/> | Psychoses | <input type="checkbox"/> |
| Phlebitis | <input type="checkbox"/> | Swelling/pain | <input type="checkbox"/> | Depression | <input type="checkbox"/> |
| High temperature/flu | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | Severe mental illness | <input type="checkbox"/> |
| Open wounds | <input type="checkbox"/> | Thrombosis | <input type="checkbox"/> | Sleepwalking | <input type="checkbox"/> |
| Varicose veins | <input type="checkbox"/> | Chemotherapy | <input type="checkbox"/> | Do you use Hard drugs (cocaine, heroine)? | <input type="checkbox"/> |
| Disc/back problems | <input type="checkbox"/> | Contagious disease | <input type="checkbox"/> | | |
| High blood pressure | <input type="checkbox"/> | Undiagnosed lumps | <input type="checkbox"/> | | |
| Cancer | <input type="checkbox"/> | Tendon rupture | <input type="checkbox"/> | | |
| Veruca | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | | |

Do you have a criminal conviction? Yes No

Have you had any major operations within the last 5 years? Yes No

If yes, please give details:

A full 48 hours notice is required for cancellations, or the full payment will be due

Signature Date

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Have you come because of a specific problem? What do you think it is?

What would you like to work on?

If there is anything else you would like to change about yourself, what is it?

What goals you do have?

What do you have to help you achieve them?

When will you know you have achieved your goals

What experiences have you had that were similar?

What makes you really relaxed?

Why have you come to see me now?

Are you prepared now to make a decision to move towards your goal?

Do you see things in pictures or images?

Do you have any doubts or concerns?

What do you know about hypnotherapy?
Have you been hypnotised before?

Are you ready to be completely relaxed?
Are you ready to be hypnotised now and experience Complete Relaxation?