

## Client Information & Therapy Agreement

<b>Client Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Email</b>	
<b>Telephone</b>	
<b>Can I leave a message on this number?</b>	
<b>GP Contact Details</b>	
<b>Next of Kin Contact Details</b>	
<b>Social Worker / Healthcare Professional Contact Details</b>	
<b>Existing medical conditions</b>	
<b>Medication</b>	
<b>How did you hear about me?</b>	

**Client Signature:**

- I have received, read and understand the Hypnosis & Psychotherapy Client Information Leaflet.
- The information provided above is accurate to the best of my knowledge and I will inform my therapist of any changes.
- I give my permission for my therapist to contact my primary health care provided if necessary.

Client Signature:

Date