

Hypnosis/ Reiki Treatment Consent Form

Name:

Address:

Phone Number:

Email Address:

Emergency Contact Details

Name of Emergency Contact:

Address:

Phone Number:

GP Contact Details

Surgery Name:

Surgery Address:

Surgery telephone number:

Medical History

Medical Conditions/Medications Used:

Have you ever suffered from mental illness or depression?

Other complementary treatments/medications being used:

It is recommended that any individual sees a licensed medical practitioner for any health issues.

Reason for Seeking Treatment

What issues would you like to address?

How does this affect you emotionally? How does it impact on your life?

Have you received Hypnosis/EFT in the past?

What is your goal?

Any other concerns?

I agree to be hypnotised/Reiki/ use of ETF as part of my treatment.

I understand that all information will be kept strictly private and confidential and will not be divulged to any other party. I understand that hypnosis is not a substitute for medical treatment. I understand that this is a non-refundable treatment/session.

I hereby give consent, as evidenced by the personal information entered on this form, to a hypnotist/ETF/Reiki session with The Change Room.

PRINT FULL NAME:

Signature:

Date: / / 2024