

**Test Happy Client Intake Form (V15-001)**

Name.....Date Of Birth .....

Address.....

.....

Tel. No(s).....

Email Add.....

Age.....Marital Status.....No. of children.....

Hobbies/Interests.....

Occupation.....

What do you hope to accomplish with Test Happy? .....

Is there any part of your past that you do not want to explore (certain ages or experiences).....

.....

.....

Other Fears/Phobias .....

Compulsive Habits.....

Do you suffer from asthma or allergies.....

Have you ever suffered from depression.....

Have you suffered from epilepsy in the last two years.....

Have you ever had treatment from a Psychologist/Psychiatrist/Hypnotherapist .....

If yes please provide details.....

Have you had hypnosis before?.....

Where did you hear about Test Happy? .....

Current state of health.....

Are you currently taking any drugs/medication.....

Details of any major operations.....

.....

Doctors name and address.....

.....

.....

I have been advised of the scope of hypnosis/hypnotherapy practice and I give my full consent to receiving hypnosis/hypnotherapy sessions.

I understand that results vary and that the practitioner may not guarantee results.

Hypnosis/Hypnotherapy and any other approaches used by Test Happy are not a replacement for medical treatment, psychological or psychiatric services or counselling.

I understand that the practitioner does not treat, prescribe for or diagnose any condition.

I understand that the practitioner is a facilitator of hypnotherapy and employs other related psychological interventions, and is not practising any other profession that requires a license under the laws of England.

I have been advised that I am free to terminate any or all sessions at any time.

- I understand that -
- Payment needs to be made within 24 hours of receipt of appointment confirmation (unless otherwise arranged)
  - Refunds for cancellation can be made up to 24 hours before an appointment. Cancellations after this point will not be refunded.
  - Cancellations made less than 24 hours before an appointment or missed sessions will be billed at full rate

I have agreed to participate in each session to the best of my ability.

I have accurately provided background information as requested by the hypnotist/hypnotherapist and confirm that I have no conditions that mean hypnosis is contraindicated.

I understand that confidentiality regarding my sessions will be honoured unless the practitioner feels that I or someone else are in danger, in which case disclosures will be kept to a bare minimum necessary for my protection or the protection of a third party.

I understand that sessions will be recorded for my own protection and for that of the practitioner. I understand that copies of any and all recordings are available to me but will not be made available to any third party without a court order instructing Test Happy to make copies available.

**Please remember to switch off your mobile phone during our sessions.**

Signed ..... Date / /

### **GDPR Notice**

The information collected within this form is for internal use and will never be sold or otherwise transferred to any third party not acting directly as our agent or employee without your express permission.

The contact information you provide may be used to contact you for follow up or to ask for feedback.

You may request the deletion of this information and within the rules governed by GDPR and as far as is reasonable and practical we will be happy to comply with your request.

**Test Happy and testhappy.co.uk are trading names of Benjamin Ryan and Sudbury Hypnosis. For more information please visit [www.sudburyhypnosis.co.uk](http://www.sudburyhypnosis.co.uk)**