CLIENT HISTORY FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | Date: | |  |
| Address: |  | | | |
| Tel: Home: |  | | | |
| Tel: Work: |  | | | |
| Tel: Mobile: |  | | | |
| Email: |  | | | |
| Date of birth: |  | Age: | |  |
| Gender: |  | M/F/N: | |  |
| Single/Partner |  | Children: | |  |
| Occupation: |  | | | |
| Reason for Visit: |  | | | |
| Have you tried to address this issue before? |  | | | |
| What were the results? |  | | | |
| Have you had any type of therapy before? |  | | | |
| What was this for? |  | Results? | |  |
| Please name any likes or dislikes you think are relevant: |  | | | |
| MEDICAL HISTORY and  MEDICATION.  Please List any hospital treatment and or psychological treatment you have had over the last two years. |  | | | |
| What do you wish to achieve from this treatment?  (please give as much detail as possible) |  | | | |
| Where did you hear about loving life coaching? |  | | | |
| Contract | I confirm that I have read and understood The Terms of Service, privacy notice, and have read and agree with these notes.  I can confirm that all discussions have been conducted with integrity and professionalism as stipulated by The General Hypnotherapy Register,(GHR), ACCPH AND CNHC in their appropriate Standards and Code of Conduct. All affiliations and qualifications have been disclosed to me. I give my consent for Love Life Guthrie Coaching to send me newsletters and marketing emails and understand that I can withdraw this at any time.  I give my consent to being hypnotised. I have not withheld any information which may affect the course of my therapy. I understand there are no specific guarantees on individual success of therapy sessions when working with the mind and body. With certain modalities such as Hypnosis, NLP, EFT, Coaching I understand levels of success can only be determined by my susceptibility to these therapies, and by my completion of actions agreed during sessions. I understand that no responsibility or liability is accepted by Loving Life Coaching and Jason Guthrie-Poole for my actions or behaviours post sessions and when working live in the field. | | | |
| Cancellation Policy: | Session charges will be paid in full and in accordance with the Terms of Service. I understand cancellation charges will apply if appointments are cancelled within 48 hours of the appointment date.  Due to demand and to protect our valued clients, i have a strict cancellation process in place. Cancellation with 48 hours-notice no fee will be invoiced to the client. Cancellation with 24-hours notice 100% fee will be invoiced to the client. Jason Guthrie-Poole reserves the right to cancel courses or consultations in unavoidable situations and full refunds (pro-rata) will be made. | | | |
| Client Signature: |  | | Date: | |

Jason Guthrie-Poole. Tel: 07500220937

[Guthriecoaching70@gmail.com](mailto:Guthriecoaching70@gmail.com)