

Client Record Form, contract and Information

(Private and Confidential)

Personal Information

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| --- | --- |
| Name: | Male /Female |
| Address: | Email: |
| Date of Birth: | Mobile: |
| GP Name | Reason for last GP visit: |
| GP Address | Current prescribed medication or other remedies:Are you receiving any other form of therapy: |

About you

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| --- |
| How do you feel your current physical health is?How do you feel your current mental health is? |
| Do you eat regular meals?Do you consider you eat a healthy diet? |
| Do take regular exercise?What form does this take? |
| Do you feel you sleep well?How many hours a night approximately?Do you feel you dream a lot? |
| What ways do you find to relax? |
| What are your hobbies and interest? |
| Do you smoke or take any recreational drugs? If yes how much and how often? |
| Do you drink alcohol?If so how many units? |

About your sessions

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| What do you feel are your immediate needs are?(It’s ok to leave blank – it’s a big question) |
| Do you have any goals you would like met in the first session?(It’s ok to leave blank – it’s another big question) |
| What changes would you like to feel after all your sessions are complete?(It’s ok to leave blank or put down any ideas you have – this is biggest question of all and it’s fine to not know right now). |

Please express wish for which therapy space you wish to be seen at:

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| --- |
| Brighton, Church Street |
| Brighton, Princes Street |
| Hove, Landsdowne Place  |
| Angmering Nr Littlehampton |

The important stuff

Disclaimer:

I am prepared for the information and notes from my therapy sessions to be stored in a locked place and kept safe by my HG therapist together with the details of my treatment. I understand that if any safeguarding issues arise during my therapy, my therapist and I will discuss the best ways forward with disclosing any information that may need to be shared.

Name:

Signed:

Date:

Please note:

*There are no obligations for you to continue with therapy for any length of time. You are free to withdraw from treatment/sessions at any time you choose for any reason.*

*Human Givens Therapists are qualified through and accountable to the standards set by the Human Givens Institute. Membership of the HGI is annually assessed and only with this membership can HG Practioners be deemed to be fit to practice. Full information can be found at* [*www.HGI.org.uk*](http://www.HGI.org.uk) *this includes the protocol for any feedback and/or complaints.*