

# Creativeself Hypnotherapy and Psychotherapy

## Private and Confidential

Name:

Date:

*Please read carefully through the following items, ticking any that apply to you:*

- Tension .....
- Palpitations .....
- Breathing problems (Asthma, hyperventilation etc.) .....
- Emotional feelings (sadness, anger, fear etc) .....
- Excessive perspiration .....
- Fainting fits/dizziness .....
- Sexual problems or worries .....
- Difficulty with talking or speech defect ...
- Poor concentration/confusion .....
- Unnatural worry .....
- Inability to cope .....
  
- Smoking .....
- Eating problems .....
- Excess weight .....
- Self-induced vomiting .....
- Excessive drinking .....
- Unprescribed drug-taking .....
- Nervous tic or affliction .....
- Nail-biting .....
- Hair-pulling .....
- Compulsive/obsessive or other .....
- Irrational behaviour .....
  
- Migraine/headaches .....
- Stomach/digestive problems .....
- Physical discomfort/pain .....
- High blood pressure .....
- Menstrual problems .....
- Unnatural hair loss .....
- Recurring skin complaint .....
- Sleeplessness .....

- Unnatural tiredness .....
- Hearing problems (tinnitus/deafness) .....
- Phobias or other fears .....
- Depression .....
- Suicidal feelings .....
- Attempted suicide .....
- Nervous breakdown .....
  
- Easily influenced or dominated by other people.....
- Domestic, matrimonial or relationship problems .....
- Business/work worries .....
- Religious conflict .....
- Other conflicts.....
- Feelings of frustration .....
- Feelings of grief .....
- Feelings of guilt .....
- Excessively self-critical .....
- Sensitive to criticism .....
- Feelings of loneliness, rejection or not belonging .....
- Low self-worth, feelings of failure or inferiority .....
- Lack of confidence in social or other situations .....
- Tendency to suppress feelings or emotions .....
- Unhappy childhood .....
- Any experience involving severe emotional distress .....
- Problems resulting from medical treatment (operations, drugs etc).....
- Hay fever .....

How often do you exercise?.....

How much alcohol do you drink (per week)?.....

How many cigarettes do you smoke (per day)?.....

**Details of any medication being taken:**

---

**Details of any psychiatric treatment:**  
(including ECT, and any treatment in an institution or hospital)

---

**Details regarding any known current medical illness:** (including any heart trouble, periods of hospitalisation, or sudden gain or loss in weight over the last six months)

---

**Details of any other visits to the doctor in the last three months:** (Have you discussed any physical symptoms you might have with your doctor?)

---

**Please write down briefly what your problem is; how it affects you; and any other points that you feel may be of help in resolving your case.**

---

**Please note:** For therapy to be as successful and as short as possible, it is important that you try not to hold back any information about yourself - even of a personal or embarrassing nature. All information (except that relating to serious breaches of the criminal law such as terrorist activity, or the sexual abuse of children) is treated in absolute confidence.

Cassette tapes or cd's may be supplied as an important part of therapy. These should only be played in comfort and safety of the home and should **not** be played whilst driving (even as a passenger) or in circumstances where an interruption of concentration is likely. They may affect other people, and this should be borne in mind.

A minimum of 24 hours notice is required for the cancellation of an appointment.

Where physical symptoms are present it is important that you consult your doctor.

*The details given above and overleaf are correct, and I have read and understood the above notes:*

Signed .....