

# NUTRITION, HYPNOTHERAPY & NLP CLIENT FORM

## PERSONAL INFORMATION

(PLEASE USE CAPITALS)

Full Name :

Name I like to be called : \_\_\_\_\_ Gender :  Male  Female

Date Of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Marital Status : \_\_\_\_\_

Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Occupation : \_\_\_\_\_

Weight : \_\_\_\_\_ Waist : \_\_\_\_\_ Hips : \_\_\_\_\_

Children :  Yes  No Ages (if applicable) : \_\_\_\_\_

How did you hear about us?  Doctor  Relative  Friend  Social Media  Search Engine

Other (please explain) \_\_\_\_\_

## MEDICAL INFORMATION

Doctor's Name : \_\_\_\_\_ Doctor's Tel No. : \_\_\_\_\_

Doctor's Address : \_\_\_\_\_

Are you taking any medication at present? :

Have/are you being treated for any medical issue? If YES, please explain :

Have you ever been hypnotized before? If YES, please explain. :

## EMERGENCY CONTACT DETAILS

Contact Name : \_\_\_\_\_ Home Number : \_\_\_\_\_

Relationship : \_\_\_\_\_ Mobile Number : \_\_\_\_\_

## SESSION INFORMATION

What do you want to accomplish through these sessions? :

Why do you want to let go of this problem now? :

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## SESSION INFORMATION CONTINUED

Are you ready to commit 100%? :  Yes  No      How long have you had this problem? :

How intense are your feelings associated with this problem on a scale of 1-10? (please circle) :      1   2   3   4   5   6   7   8   9   10  
Not intense      Very intense

Any previous efforts to resolve this problem? :  Yes  No

If so what were the results? :

## AGREEMENT

The nutrition and dietary advice provided will be evidence based as Nicky is a Registered Nutritionist and I understand Nicky is guided by a strict ethical code of practice governed by her professional Nutrition body, Association for Nutrition.  
I am willing to be guided through relaxation, visual imagery, creative visualization, hypnosis and stress reduction processes and techniques for the purpose of vocational self improvement. I understand that the hypnotherapy I am receiving is not a substitute for normal medical care I have been advised to discuss this hypnotherapy with any doctor who is taking care of me now or in the future. Additionally, I should continue any present medical treatment and consult my regular medical doctor for treatment of any new or old illness.

I agree :       I disagree :

By clicking 'I agree' below, I am consenting to my details being stored with you to allow you to provide your service and for you to send me relevant information in regards to the service provided to you. No information will be shared with a third party and all information is kept securely. For more information on my full GDPR Policy please check [www.mind-bodywellness.co.uk/GDPR](http://www.mind-bodywellness.co.uk/GDPR)

I agree :       I disagree :

I love to send out relevant information and tools that are useful to my clients during and after our sessions, at times. These may be done electronically or by post. Please tick the agree box to ensure I can send you what's needed to help you be the best version of yourself. If you need to unsubscribe at any time you can.

I agree :       I disagree :

### More Information :

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🌐 [www.mind-bodywellness.co.uk](http://www.mind-bodywellness.co.uk)

**THANK YOU**

Client Signature : \_\_\_\_\_

Date : \_\_\_\_\_