

CASE STUDY INTAKE & CONSENT FORM (First Part – One of Three)

Standardised form from the <https://www.general-hypnotherapy-register.com/>

(For Therapist's use only) **Ref. No.**

STRICTLY PRIVATE AND CONFIDENTIAL

This intake form is to be completed by all case study clients. The personal information case study clients provide will become part of your therapists confidential records and your personal information on this page will not be shared with any third party subject to the laws of the State.

First Name _____ Surname _____

Date of Birth _____

Address _____

_____ Post Code _____

Home Tel. No. _____ Work Tel. No. _____ Ext. _____

Mobile No. _____ Email _____

G.P's Surgery Contact Tel. No. _____

Ihereby give my permission for you to collect and process the above information, including any sensitive personal information as defined under the General Data Protection Act (GDPR), and as required by you, the therapist, for the pursuance of both my own and your legitimate interests. I have read, understood and I accept your **Privacy Notice** in respect of the handling of my recorded data.

Client signature _____

Date _____

Continue to Second Part >>>

CLIENT INTAKE & CONSENT FORM (Second Part – Two of Three)

(For Therapist's use only) Ref. No.

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CONFIDENTIAL

This intake form is for you the client to complete. The answers you provide will become part of your hypnotherapist's confidential records. Should you have any queries, or require assistance with any of the below questions, please feel free to ask your hypnotherapist.

(Please tick relevant boxes)

1. Have you had any previous treatment for psychological issues? Yes No

If yes, please give details – i.e. when, where, how long, provider name, medications etc

2. Are you currently taking (or in the recent past, taken) any prescription or over-the-counter medications? Yes No

If yes, please give details:

3. Does anyone in your family (blood relatives) suffer with any psychological problems? Yes

No

If yes, please give details:

4. Do you Smoke? Yes No

If yes, please give details – how many, how often

5. Do you drink alcohol? Yes No

If yes, please give details – how much, how often, any blackouts, etc.

6. Do you use any recreational drugs? Yes No

If yes, please give details – what drugs, how often, last use etc.

7. Have you ever suffered from any type of eating disorder? Yes No.

If yes, please give details:

8. Do you have any work/school-related problems / relationship problems? Yes No.

If yes, please give details:

9. Do you have a history of trauma (any kind of abuse, neglect, victim of natural or other disaster etc)?

Yes No

If yes, please give details:

(Indicating the appropriate question number, include additional details to any of the above questions on a separate sheet if necessary)

Symptoms Checklist (Continuation of Second Part – Three of Three)

(Please tick all relevant boxes)

Sleep: No problems Not enough Trouble getting up Nightmares Too much sleep

Appetite: No problems No interest Increased appetite Carbohydrate craving

Energy: Normal Increased Low Up and down

Interest in Sex: Normal Increased Low

Concentration: Normal Somewhat difficult Poor Terrible

Memory: Good Some difficulty remembering Poor

Depressed or sad: All the time Most days Some days Not at all

Suicidal thoughts: All the time Most days Some days Not at all

Past suicide attempts: No Yes (*If yes, please give details overleaf*)

Anxiety: All the time Most days Some days Not at all

Panic Attacks: Frequently Occasionally Not at all

Anger/Irritation: All the time Most days Some days Not at all

Any other Comments:

(Continue on a separate sheet if necessary)

OVERVIEW OF YOUR CASE STUDY WORK

Your Name As You Wish It To Appear on Your Diplomas:

Client First Name:

Client Challenge:

Number of Sessions completed:

Did you complete the sessions in person or online or a mix of both?

What feedback did your client give you about the session (s)?

What was the therapeutic goals decided upon between you and your client?

What does your client want to be able to do that they can't currently do?

How do they want to think, feel, respond differently than they do now?

How did you agree with your client to measure their progress:

How did you decide to follow-up and review progress?

HYPNOTHERAPIST: REFLECTING AND REVIEWING YOUR WORK

Use the questions in this section to help you review your work, reflect upon your performance and evaluate your efforts.

What questioning techniques did you use? Did you use source and outcome, mountain or some other form of questions to get to the heart of the matter?

Client response to questions used:

What induction (s) did you use?

Client response:

What deepening technique (s) did you use?

Client response:

Did you use a convincer? This is optional and not always beneficial

Client response:

Did you install an anchor? If so to what state (ie calm, relaxed and confident)

Client response:

What outcome did you and your client aim for during this session?

How did you test to make sure they got the outcome?

How did you manage feedback when they tested the results?

Were there any challenges to overcome during testing?

Were they happy with the progress they made?

How did your client feel at the end of the session (s)?

What follow-up was agreed upon?

Please use this space to provide any additional information.

HYPNOTHERAPIST: SELF REFLECTION REVIEW

Please use the www (what went wrong v. what worked well) process to discuss the following:

How do you think you could have done better?

What have you learned about yourself and the work you did with this client?

What will you do differently next time?

How do you think you did well? What Worked Well?

What have you learned about yourself?

How will you develop your potential further?

What is the learning you are taking away from working with this client?

Dynamic Hypnotherapy Master Template – Please select the elements you used.

Eye Fixation

“In a few moments some changes will begin to happen... first thing... awareness goes to your breathing and... next thing... need to swallow as... and all the while eyes becoming so tired and heavy and relaxed...”

Induction

<ul style="list-style-type: none"> • Dave Elman • Coin Drop • Breathing in through fingers and out through toes • Candle of Relaxation 	<ul style="list-style-type: none"> • Bucket Induction • Steins Clenched Fist • Non verbal • Hand to Face • Rapid
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If other please list here: _____

Deepener

Staircase	Breath	Healing Light	Special Place
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If other please list here: _____

Anchor:

“Now that you are deeply relaxed I’d like to give you a way to get in touch with those feelings quickly and easily whenever you need them... make a small circle with your thumb and index finger...”

Convincer

Eye catalepsy	Rigid arm	Heavy limb	Trigger Response
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Intervention - hypnotherapy

Symptomatic	Dynamic
Pattern Elimination Technique (Cloud Technique) Direct Drive Mirror Therapy	<ul style="list-style-type: none"> • Regression hypnotherapy • Parts therapy and internal conflict resolution • Neuro Linguistic hypnotherapy • VK dissociation technique • Inner child work Telescope Technique (Association and Dissociation) • Cognitive Restructuring • Breathing re-training • Desensitisation

If other please list here: _____

Positive Suggestions based on Outcome Frame, Identified Goals plus scripting.

Mental rehearsal based on identified goals

Reinforce anchor

Emerge