

Client Information

Christos Bohoris
REGISTERED HYPNOTHERAPIST

help@christosbohoris.co.uk

www.christosbohoris.co.uk

Title:

First Name:

Surname:

Age:

Occupation:

Phone:

E-Mail:

G.P. Details:

Please tick any conditions that apply:

☐ Addiction

☐ Alcoholism

☐ Anger Issues

☐ Anxiety

☐ Asthma

☐ Bipolar Disorder

☐ Chronic Stress

☐ Depression

☐ Diabetes

☐ Epilepsy

☐ Heart Issues

☐ Insomnia

☐ Migraines

☐ OCD

☐ Panic Attacks

☐ Personality Disorder

☐ Phobia

☐ Psychosis

Other or notes:

I confirm that I have read and understood the [Terms and Conditions](#) and give permission for my data to be held and processed as described and specifically for my details to be discussed with your supervisor and for my GP to be contacted. I agree that the Terms and Conditions shall be governed by English law and that the parties submit to the exclusive jurisdiction of the courts of England and Wales. I also give permission for you to keep any criminal offence data I may provide.

Confirm with Client Initials:

Date:

Save the Document.