

Client Information



Christos Bohoris, Hypnotherapy

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Title:

First Name:

Surname:

Age:

Occupation:

Phone:

E-Mail:

G.P. Details:

Please tick any conditions that apply:

- | | | |
|-----------------------------------------------|---------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Anger Issues |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bipolar Disorder |
| <input type="checkbox"/> Chronic Stress | <input type="checkbox"/> Depression | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart Issues | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> OCD | <input type="checkbox"/> Panic Attacks |
| <input type="checkbox"/> Personality Disorder | <input type="checkbox"/> Phobia | <input type="checkbox"/> 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.**