

REGISTRATION FORM
ALL INFORMATION IS STRICTLY CONFIDENTIAL

Date	
First Name	
Surname	
Preferred Name	
Sex	
Age & Date of Birth	
Address	
Relationship Status	
Occupation	
Telephone	
Email Address	
Doctors Name & Address	Name: Address: Telephone No:

Are you currently receiving any treatment from a doctor or any other Practitioner? If yes, please give brief details:

Are you currently taking any medication? If yes, please give brief details:

Past health problems:

Please give a brief background of your current concern:

Do you have any autoimmune disease or any other illness? If yes, please give more details?

What do you wish to receive from your session?

Addictions	Anxiety	Eating Problems	Depression
Drinking Smoking Drugs Gambling Compulsive behaviour	Stress Fears Phobias Panic attacks Guilt Relaxation	Food/Diet Weight Problems Anorexia Bulimia Exercise	Confidence Self-esteem Motivation Achieving goals Money blocks Procrastination
Career Issues	Sexual Problems	Pain Control	Relationships
Interview skill Nerves Public speaking Concentration Exams Memory Driving skills	Fertility IVF Conception Pregnancy Birth	Hearing Sight/Vision Mobility Skin Problems Hair growth	Childhood Problems Sleep Problems

Please delete which areas do not concern you from the list above, then answer these questions:

1. What would your life look like if your issue was resolved?

2. What words would you like to be hearing about yourself?

3. What will people (that you respect) say and what words would you like to hear them say about you?

DISCLAIMER

People with Epilepsy or any person diagnosed as having a psychotic illness should not enter hypnosis. Debbie Cohen accepts no responsibility whatsoever. Under no circumstances including but not limited to negligence shall Debbie Cohen be liable for any special or consequential damages in anyway whatsoever now or in the future that result from the use of or the inability to use hypnosis, advanced hypnotic techniques, hypnotherapy, or any other therapies. The information, techniques, methods, and recommendations by Debbie Cohen are not intended to substitute for the diagnosis and a care of a qualified doctor nor to encourage the treatment of any illness by persons not recognizably qualified. If you use hypnosis and are under medical care for any condition, do not make any adjustments to any prescribed medication without the approval of your doctor. If in doubt, you should seek medical advice.

Debbie Cohen has taken care and attention based on the information provided at this solution focused hypnotherapy session and information is given in good faith. The information is not intended to substitute medical advice. Always consult your GP before changing medications and evaluating treatment alternatives.

Debbie Cohen does not accept any responsibility for any loss, damage or expense resulting from the use of information provided. You agree to indemnify and hold us harmless by signing and agreeing to these conditions.

Hypnotherapy can be a powerful tool for positive change, although outcomes may differ and there are no guarantees of success. The key to achieving desired results lies in the complete commitment of the client. We strongly encourage clients to carefully review the Terms & Conditions for comprehensive information. Debbie Cohen is governed by the South African law.

DECLARATION

The information I have given here is to the best of my knowledge, completed and correct. I undertake solution focused hypno-therapy on the understanding that it is a collaborative process, and that progress depends in part upon my own motivation and participation, as well as listening for at least 21 days to the provided recording.

I accept that all appointments not cancelled within 48 hours will be charged in full.

Signature:

Date