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Welbeck Health
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HYPNOTHERAPY CONSENT FORM

I have been advised of the scope of hypnosis/hypnotherapy practice and I give my full consent to receiving hypnosis/hypnotherapy sessions.

I understand that results vary and that the practitioner may not guarantee results, but that hypnosis can be an effective solution for a variety of problems. I understand that hypnosis/hypnotherapy is not a replacement for medical treatment, psychological or psychiatric services or counselling. I understand that the hypnotherapist does not treat, prescribe for or diagnose any condition.

I am aware and understand that in some cases it may be necessary for the practitioner to respectfully touch parts of my body such as my shoulder(s), arms, legs, forehead, etc. in order to assist me in relaxation. I give the practitioner permission and consent to do so in order to help me establish a beneficial state of hypnosis.

I have agreed to participate in each session to the best of my ability. I have accurately provided background information as requested by the hypnotherapist and confirm that I have no conditions that mean hypnotherapy is contraindicated.

I understand that confidentiality regarding my sessions will be honoured unless the practitioner feels that I or someone else is in danger, in which case disclosures will be kept to a bare minimum necessary for my protection or the protection of a third party and that this will be discussed with me.

Signature: _____

Name: _____

Date: _____