Platinum Mind Therapy Booking Form

CONFIDENTIAL

PERSONAL INFORMATION

Full Name:

Date of Birth:
____ / ____ / _____

Gender:
☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to say

Address:

Email:

Phone Number:

Preferred Method of Contact:
☐ Phone ☐ Email ☐ SMS ☐ WhatsApp

Emergency Contact Name & Relationship:

Emergency Contact Phone Number:

GENERAL HEALTH INFORMATION

Are you currently receiving treatment from any healthcare professional (GP, therapist, psychiatrist, etc.)?

☐ Yes ☐ No

If yes, please give details:

Are you currently taking any medication?

☐ Yes ☐ No

If yes, please specify:

Do you have any of the following conditions?
(Please tick all that apply)

☐ Epilepsy
☐ Heart Condition
☐ Diabetes
☐ Asthma or Respiratory Issues
☐ Clinical Depression
☐ PTSD
☐ Anxiety disorders
☐ Psychotic Episodes or Schizophrenia
☐ None of the above

If any ticked, please elaborate:

Have you ever had hypnotherapy, EMDR, psychotherapy, or counselling before?

☐ Yes ☐ No

If yes, what was the outcome?

LIFESTYLE & BACKGROUND

Occupation/Profession:

How would you describe your lifestyle? (e.g., high stress, active, sedentary)

Do you use any recreational substances including alcohol? If so, please elaborate, how much and how often.

Sleep Pattern (hours per night, quality):

Exercise Frequency:
☐ Rarely ☐ 1–2 times/week ☐ 3–4 times/week ☐ Daily

Presenting Issue

What brings you to Platinum Mind Therapy?
(Please describe your main issue or goal for therapy.)

When did this issue first begin?

What have you tried so far to address it?

What impact is this issue having on your life (personal, professional, emotional, physical)?

On a scale of 1–10, how committed are you to resolving this issue or improving this area of your life?

☐ 1 (Not at all) —— ☐ 10 (Fully Committed)

Therapeutic Goals

What do you hope to achieve through working with me?

Which of the following are of interest to you?

☐ Trauma Resolution
☐ Phobia Removal
☐ Addictions / Habits (e.g., smoking, alcohol)
☐ Weight Loss
☐ Peak Performance (sport/business/military)
☐ Confidence / Self-Esteem
☐ Emotional Mastery
☐ Relationship Patterns
☐ Anxiety / Panic
☐ Sleep / Relaxation
☐ Other: _____

Consent & Declaration

- I understand that hypnotherapy and associated techniques are not a substitute for medical advice or treatment.
- I confirm that the information provided is accurate to the best of my knowledge.
- I understand that my sessions will be kept confidential except where disclosure is required by law or there is a risk of harm.
- I consent to engage in therapy and understand I may withdraw at any time.
- I understand that results are individual, and that accountability and active participation are key to outcomes.

Client Signature: _____

Date: ____ / ____ / _____

For Practitioner Use Only
Initial Observations / Notes: