

Client Record Form

Name: _____	Date: _____
Address: _____	
_____	Town: _____
County: _____	Postcode: _____
Telephone: _____	
Email: _____	Date of birth: _____

GP Name: _____

Address: _____

Town: _____ County: _____

Postcode: _____ Telephone: _____

Reason for the last GP visit? _____

Current prescribed medication or other remedies? _____

Are you receiving any other form of therapy? _____

How is your current physical health? _____

What do you want to change today? _____

Do you eat regular meals? _____

How much water do you drink? _____

Do you smoke? _____

How much exercise do you get a week? _____

Do you drink alcohol? _____ How many units a week? _____

Do you sleep well? _____ How long (hours)? _____

How do you relax? _____

What are your hobbies/interests? _____

Do you enjoy your work? _____

How well do you cope with stress? _____

How did you find out about our services? _____

Disclaimer: *I am prepared for this information to be recorded and kept by my HG Therapist together with details of treatment sessions*

Name: _____

Signed: _____ Date: _____

TO BE COMPLETED BY THE THERAPIST
Payment details:

Human givens therapists are expected to make arrangements for the professional supervision of their work by a suitably accredited person. This is to ensure that sufficiently high standards of professional practice are developed and maintained. This will be in accordance with HGI policies on confidentiality and supervision.