

Confidential Document



CatherinePaterson.co.uk



your catalyst to change...

Rapid Transformation Therapy to take your life to the next level

Catherine Paterson, BA (Hons), ARTT, CI.Hyp, MPM, CHT

Confidential - Client Intake Form

Contents

APPOINTMENT DETAILS.....	2
Payment Method	2
PERSONAL DETAILS	3
Preferred method of contact	3
Emergency Contact	3
Reason for appointment.....	3
HEALTH.....	4
ADDITIONAL NOTES	4
CONSENT AND CONDITIONS.....	5
ADDITIONAL CONSENT AND CONDITIONS FOR PARENT/GUARDIANS.....	5
ADDITIONAL CONSENT FOR VIRTUAL CLIENTS	5
Checklist for Remote Appointments.....	6
Legal Information – Term and Conditions	7

Please complete the pre-consultation questionnaire before your appointment

This information is classified as a health record and subject to confidentiality

APPOINTMENT DETAILS			
Preferred Location:	Virtual (Zoom)) Home Visit Catherine’s Office (by appointment)		
Date		Time	

Payment Method			
The cost of your therapy will depend on your specific requirements & should be agreed in advance. A session is two hours, additional time on your first session will be charged at half rate. Payment may be required in advance.			
Cash	<input type="checkbox"/>	Cheque with card	<input type="checkbox"/>
PayPal	<input type="checkbox"/>	iZettle (Visa/MasterCard)	<input type="checkbox"/>

Cancellations & Missed Appointments: We know that life happens and things change. We will try and help reschedule so please get in touch if need to reschedule, however, if you cancel close to your appointment you will be liable for a charge. Please give me at least 24 hours notice of cancellation or you will be liable for 100% of the cost of the appointment.

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PERSONAL DETAILS

Surname (/Last Name):

Forename:

Date of Birth:

Age:

Marital Status:

Address:

Post code:

Employer:

Occupation:

Preferred method of contact

Email address:

Telephone:

Emergency Contact

This is required for remote sessions.

Name:

Relationship:

Telephone:

Reason for appointment

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HEALTH

Doctor's name:
(Registered Health
Professional)

Address:

Date of last check up:

Medications being
taken:

Addictions	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Relationships	<input type="checkbox"/>	Smoking	<input type="checkbox"/>
Exams	<input type="checkbox"/>	Relaxation	<input type="checkbox"/>	Drinking	<input type="checkbox"/>	Eating	<input type="checkbox"/>
Anger	<input type="checkbox"/>	Stress	<input type="checkbox"/>	Drugs	<input type="checkbox"/>	Fears	<input type="checkbox"/>
Self Esteem	<input type="checkbox"/>	Gambling	<input type="checkbox"/>	Guilt / Shame	<input type="checkbox"/>	Sleep Problems	<input type="checkbox"/>
Food	<input type="checkbox"/>	Motivation	<input type="checkbox"/>	Sexual Problems	<input type="checkbox"/>	Achieving Goals	<input type="checkbox"/>
Memory	<input type="checkbox"/>	Self Hypnosis	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Nerves	<input type="checkbox"/>
Speed Reading	<input type="checkbox"/>	Career	<input type="checkbox"/>	Pain Control	<input type="checkbox"/>	Skin Problems	<input type="checkbox"/>
Childhood Problems	<input type="checkbox"/>	Panic Attacks	<input type="checkbox"/>	Weight Problems	<input type="checkbox"/>	Concentration	<input type="checkbox"/>
Phobias	<input type="checkbox"/>	Anorexia	<input type="checkbox"/>	Confidence	<input type="checkbox"/>	Public Speaking	<input type="checkbox"/>
Bulimia	<input type="checkbox"/>	Compulsive Behaviour	<input type="checkbox"/>	Fertility	<input type="checkbox"/>	Other (Provide details below)	<input type="checkbox"/>

ADDITIONAL NOTES

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CONSENT AND CONDITIONS

Cancellations: I accept that if I miss an appointment or cancel, I will be charged as outlined in the Cancellation and Missed Appointments policy.

Limit of Liability: I understand and agree that the Limit of Indemnity is £6,000,000 for Hypnotherapy; RTT (Rapid Transformational Therapy).

Consent: I consent to undergo Rapid Transformational Therapy and Hypnotherapy and understand this may unlock some difficult memories in the process and involve small physical contact including tap softly on the forehead; rock your head slowly or raising your hands by the thumbs gently to check the level of hypnosis; manipulate your hands to demonstrate your suggestibility during the 'hypnosis surrender' process.

Information: I understand that results are not guaranteed and you must want to change. For best results, sessions will normally only focus on one issue at a time; multiple issues will require additional sessions.

Information: Catherine Paterson is a Rapid Transformational Therapist and Certified Hypnotherapist under the Marisa Peer Method. Hypnosis & hypnotherapy are not a substitute for the advice of your medical doctor, psychologist, psychiatrist, or qualified health care practitioner.

Client Signature

Client Name

Date

ADDITIONAL CONSENT AND CONDITIONS FOR PARENT/GUARDIANS

Name of Client

I will be present during the session

I will be in an adjacent room during the session

I consent for the session to happen without me being present and understand that the Therapist will not disclose details of the session if requested not to by the Client

I am the parent or legal guardian of the Client and I understand these additional conditions, and the standard conditions; I give my permission for the Client to undergo Rapid Transformational Therapy and Hypnotherapy.

Signature

Name of Parent of
Legal Guardian

Date

ADDITIONAL CONSENT FOR VIRTUAL CLIENTS

I have read, understood and followed the instructions for remote treatment (below).

I understand that Catherine Paterson is UK based Therapist and any claims will be dealt with under UK law/jurisdiction. That I will provide her with emergency contact number and am seated/lying down in a safe place during our session.

Client Signature

Client Name

Date

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Checklist for Remote Appointments

Zoom sessions require a link which will be send to you 10 minutes prior to your session by email.

*** Please download and test Zoom before your session ***

Provision of emergency contact information is required prior to appointment.

Session Requirements:

Please review this checklist and confirm you have:

- A comfortable chair that is low enough so your feet touch the floor and you feel supported, safe and clear from any nearby objects that maybe harmful.

During the session you will remain in this place

- A decent pair of headphones
- A webcam with a clear signal
- A space where you will not be distracted
- A strong internet connection
- Make sure you face, eyes, and arms are clearly visible

If at stage, you feel unwell, you should let Catherine know.

Confidential - Client Intake Form

Legal Information – Term and Conditions

General Terms

You must complete the pre-consultation questionnaire and agree to the conditions including limitations of liability (Limit of Liability: £6,000,000 for Hypnotherapy; RTT (Rapid Transformational Therapy) as outlined therein prior to the first session.

This information is classified as a health record and subject to confidentiality outlined in the Privacy Policy. Hypnosis & hypnotherapy are not a substitute for the advice of your medical doctor, psychologist, psychiatrist, or qualified health care practitioner. Individual results are not guaranteed and may vary. Some clients may require more than one session.

Catherine Paterson is UK based Therapist and trader; any claims will be dealt with under UK law/jurisdiction.

Booking Policy

By booking you accept our Booking Policy and to our Limit of Indemnity.

Cancellations & Missed Appointments: We know that life happens and things change. We will try and help reschedule so please get in touch if need to reschedule, however, if you cancel close to your appointment you will be liable for a charge.

- 48 hours before, will be charged 30% of the appointment
- 24 hours before, the charge will be 50% of the appointment
- Missed Appointments will be charged at 100% of the appointment

General Data Protection Regulation (GDPR) Compliance (Europe)

The categories of information we collect are:

- Contact Information
- Health Records

We process and control this in accordance with the policy set out below.

Privacy Policy

Catherine Paterson will not pass or disclose your contact information or medical information to another party without your prior consent.

Health Records are subject to confidentiality and data protection requirements under UK law. Your other personal information is protected by the GDPR. This applies to all clients regardless of their physical location.

Contact Information

This information is provided by you either personally, by this form or via the website.

This information will not be passed to a third party. You have the right to request this information is deleted if you wish, subject to the requirements for maintain Health Records and insurance.

Health Records

The information you provide (including the pre-consultation questionnaire) is classified as a health record and subject to confidentiality and the data in your records can include:

- treatments received or ongoing
- information about allergies
- your medicines
- any reactions to medications in the past
- any clinically relevant lifestyle information, such as smoking, alcohol or weight

- personal data, such as your age, name and address
- consultation notes taken during an appointment

More information on health records can be found here:

www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Pages/overview.aspx

This information will be kept in line with Medical Requirements and UK legislation.

Health Records Confidentiality

There are strict laws and regulations to ensure your health records are kept confidential and can only be accessed by health professionals directly involved in your care.

There are a number of different laws that relate to health records. The two most important laws are:

- General Data Protection Regulation (GDPR) replacing the Data Protection Act (1998)
- Human Rights Act (1998)

Under the terms of the GDPR, organisations must ensure that any personal information it gathers in the course of its work is:

- only used for the stated purpose of gathering the information (which in this case would be to ensure that you receive a good standard of healthcare)
- kept secure

It is a criminal offence to breach the Data Protection Act (1998) and doing so can result in imprisonment.

The Human Rights Act (1998) also states that everyone has the right to have their private life respected. This includes the right to keep your health records confidential.