



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.