

## The Stop Smoking Man Client Intake Form (V16-012) P1

Name  Date Of Birth

Address

Tel. No(s)

Email Add

Marital Status  Partner's Name

No. of Children (include step/foster/other if relevant)  No. of Grandchildren

I primarily smoke - ☐ Cigarettes / ☐ Rollups / ☐ Cigars / ☐ Other (specify)

Age  Age started Smoking  No. per day

Hobbies/Interests

Occupation

Significant Fears/Phobias

Compulsive Habits

Have you ever suffered from depression

Have you suffered from epilepsy in the last two years

Have you ever had treatment from a Psychologist/Psychiatrist/Hypnotist

If yes please provide details

Have you had hypnosis before

Where did you hear of The Stop Smoking Man?

Current state of health

Are you currently taking any drugs/medication

Details of any neck or back issues, or other conditions that may affect your comfort during our session

## The Stop Smoking Man Client Intake Form (V16-012) P2

The statements below outline the key details of how I run these sessions. Please tick each statement to confirm that you've read, understood, and agreed with it. If there's anything you're unsure about or can't tick, please let me know and we can talk about it before the session.

- ☐ I confirm that stopping smoking is something I genuinely want to do for myself and I am not doing it because someone else has told me to.
- ☐ I agree to fully engage with the process, to be honest with my answers, and to follow the instructions given to the best of my ability.
- ☐ I have been informed of the nature and scope of this process, and I give my full consent for the use of these psychological techniques, including but not limited to hypnosis, hypnotherapy, NLP, and other relevant methods, to help make stopping smoking as easy as possible.
- ☐ I understand that this process is not a substitute for psychiatric care or counselling.
- ☐ I acknowledge that The Stop Smoking Man does not diagnose, treat, or prescribe for any medical condition.
- ☐ I have been advised that I am free to terminate any or all sessions at any time.
- ☐ I understand that the deposit I have paid can be transferred to a rescheduled date, but it is non-refundable.
- ☐ I understand that failure to attend an appointment (or cancelling within 24 hours of the session) will be billed at the full session rate.
- ☐ I confirm that I have provided accurate background information as requested, and I am not aware of any condition that would make hypnosis inadvisable.
- ☐ I understand that, in some cases, it may be necessary for The Stop Smoking Man to make brief physical contact (e.g. on my shoulder, wrist, hand, or forehead) to assist in achieving relaxation. This will never be done without warning and I give my consent for it if required.

### The Guarantee

- ☐ I understand that if I find myself smoking again at any point in the 12 months following my session, I am entitled to another session without further charge, provided I am still committed to stopping and I am still willing to follow the instructions to the best of my ability.
- ☐ This is not a money-back guarantee. No refunds will be issued once the session has taken place. At the start of the session, I will have the opportunity to change my mind and receive a full refund. By proceeding beyond that point, I confirm that I understand and that I wish to continue under these terms.

### Confidentiality

- ☐ I understand that all information shared during the process will be treated confidentially, except in circumstances where the practitioner believes I or someone else may be at risk of harm. In such cases, only the minimum necessary information will be disclosed to ensure safety.

Signed

Date

**Please remember to switch off your mobile phone during our sessions.**