

## Sussex Hypnotherapy Centre Referral Form

(Making a referral doesn't guarantee acceptance as a client, it is important that you get the most appropriate support that you require, some conditions require specialist treatment that is outside of the expertise of Dan Jones, for example; those with psychiatric conditions like schizophrenia)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

### **GP's Details**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

Can I contact your GP to let them know I am working with you? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you have any diagnosed Psychological Conditions (if yes please give information): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other professionals working with you that I should be aware of: \_\_\_\_\_

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\_\_\_\_\_

What would you like to work on? \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

## **Therapeutic Contract**

This therapeutic contract helps to gather information about your current situation and what you hope to achieve from therapy. It also gathers information about your expectations for therapy and what therapy you are happy to receive.

**What are your long term goals (12 months in the future or more)?**

1.

2.

3.

**What are your short term goals (what would you like to have achieved by the end of treatment)?**

1.

2.

3.

**What are your immediate goals (what would you like to achieve by the end of the first session)?**

1.

2.

3.

**How will we know when you no longer need therapy?**

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**How many sessions do you feel it would take to achieve this?**

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**If 10 was fully achieving your short term goals and 0 was the opposite how much would you be happy with achieving where you would still feel therapy has been successful? (For example; reaching 7 out of 10)**

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**On that scale of 0-10 what number are you at now (with 10 being fully achieving your short term goals and 0 being the opposite)?**

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**What behaviours do you feel you need to do less of to achieve your short term goals?**

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**What behaviours do you feel you need to do more of to achieve your short term goals?**

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**What treatment approaches are you happy to have used with you? (Tick all that apply)**

- Hypnosis
- Mindfulness
- Meditation
- Emotional Freedom Technique
- Ideo-Dynamic 'Psycho-Cellular' Healing
- Cognitive (working with thoughts and thinking)
- Behavioural (working with behaviours and actions)
- Interpersonal (working with how you interact with others)
- Task Setting (setting tasks to be done between sessions)
- Psycho-Dynamic (reviewing the distant past, like childhood events, looking for 'why')

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Pre '1<sup>st</sup> Session' Therapeutic Questionnaire**

Here is a questionnaire for you to answer. Take your time to answer the questions fully and honestly, take as long as you need to really think about the questions and the answers you choose to give. The more detail you can give the more helpful you will find this. This questionnaire is designed to help reprogram your brain and begin to make changes as you give answers. When you answer the questions say what would happen not what wouldn't, for example rather than saying I wouldn't be so stressed you could say I would be more relaxed. Some of the questions may seem odd or be difficult to answer. Some of the things I ask you to do are being asked for a reason. Never mind how odd or unusual if you want to improve just follow all questions.

**If you woke up in the morning and all of your problems were gone what would be different? What changes would you notice? What would you feel like? How would you know that the problem is gone? What would life be like? (Answer using sensory language, what would you see, hear, feel)**

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**What would others notice that lets them know that things have changed for you? (Answer using sensory language, what would I see; hear if I was following you around all day with a video camera?)**

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**What would need to start happening to let you know things are moving forwards?**

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**What is different about the times when you are problem free, when things are going well for you?**

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**How do you get that to happen, being problem free & having things going well for you?**

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**How does your day go differently when you are problem free & having things going well for you?**

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**Who else notices when you have been problem free & having things going well for you?**

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**What do you do for fun?**

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**If you have had that problem before how have you resolved it and what would you need to do to get that to happen again?**

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**What is already going well for you or happening in your life that you would like to keep the same even when you overcome your problem?**

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**What do you think has stopped you changing so far?**

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**Write down what you do to relax and how you cope with stress?**

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**Write down what goals you have for the future?**

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**On a scale of 0 – 10 with 0 being having the problem at its worst and 10 being completely problem free, each day write down what number you are at (do this between now and the first session) and also note down which number you would be happy with achieving (for example if you are generally a 3 now would you be happy if you were generally a 7).**

**Each night write down any worries before you go to bed, and as many solutions to those worries as you can think of.**

If you have any questions about these questions please feel free to email me at [dan@sussexhypnotherapycentre.co.uk](mailto:dan@sussexhypnotherapycentre.co.uk), please visit [www.sussexhypnotherapycentre.co.uk](http://www.sussexhypnotherapycentre.co.uk) for more details on information like fees and to learn more about Dan Jones and his approach to therapy and to find out about Dan Jones training courses including his Ericksonian Hypnotherapy, Humanistic Solution Focused Psychotherapy and Ideo-Dynamic 'Psycho-Cellular' Healing Practitioners Diploma and other courses and group therapy sessions.



## Confidentiality Agreement

Please read, sign and date this agreement

Records are kept of all sessions; these records are private and confidential and are not shared with any other party without permission unless it is deemed necessary due to Child Protection issues or other confidentiality exclusions.

\*If you would be willing to allow sessions to be audio recorded for training purposes (for training other professionals) please sign here: \_\_\_\_\_

This will allow the recordings to be heard by those undergoing training by Dan Jones. Students will not receive copies and copies will not be transmitted online or in any other medium. The audio recordings would be listened to and analysed with students so that they can learn what is taking place and why.

\*If you would be willing to allow recordings to be transcribed into written form for books or articles (this could be in the form of partial or full transcripts) please sign here: \_\_\_\_\_

Transcripts would have names changed and details, like names of others, place names and other potentially revealing information altered to ensure client anonymity.

All sessions are private and confidential. The only time confidentiality will be breached is when there are legal and statutory requirements (for example giving evidence in court), duty of care (for example child protection issues, client considered to be a serious risk to themselves or others) or giving information to the police (for example in a criminal investigation). Information also gets shared privately and confidentially during personal supervisions which are used to monitor my work and performance and stimulate further ideas for good practice.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_