



The Centre of Clinical Hypnosis:
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The Mind Body & Soul

Counselling Initial Assessment

Location:	Criteria According to Classification:	Counsellor:	Client Code: Initials/age/gender
Date of first contact:	GP name: contact no:	Ethnicity:	Date of Birth:

Main concerns:

Hopes and experiences of Counselling:

Previous Counselling:

Current Medical Treatment:

Support network:

Risk factors- history of drugs, alcohol, eating disorders, suicide attempt

additional notes:

Counsellor Signature: