

**GENERAL HYPNOTHERAPY REGISTER**  
**PO Box 204 LYMINGTON SO41 6WP**  
**Patient / Client Outcomes**  
**CONFIDENTIAL**

**BLOCK CAPITALS, PLEASE**

**Patient/Client Name** ..... **D.O.B.**.....

**Address** .....

**Date of 1<sup>st</sup> Session** ..... **Date of Final Session** ..

**Patient/Client Ref.No.** ..... **Therapeutic Model:** **HYPNOTHERAPY** **Total No. of Sessions** .....

**Source of Referral (Please circle)**      *G.P./Consultant*      *Self*      *Other (Please specify)*

*N.B.* The purpose of this document is to monitor the progress of the therapeutic model generally and the effects on the specific presenting problem/s as reported by the patient / client personally. For reporting purposes, **0%** represents **no change** in the presenting problem/s (*i.e.* pain, depression, insomnia etc) experienced by the patient / client, at the completion of therapy.

**Individual Presenting Problems/Symptoms**

**Percentage Improvement**

	<b>0%</b>	<b>%</b>	<b>100% Better</b>
	<b>0%</b>	<b>%</b>	<b>100% Better</b>
	<b>0%</b>	<b>%</b>	<b>100% Better</b>
	<b>0%</b>	<b>%</b>	<b>100% Better</b>
	<b>0%</b>	<b>%</b>	<b>100% Better</b>
	<b>0%</b>	<b>%</b>	<b>100% Better</b>
	<b>0%</b>	<b>%</b>	<b>100% Better</b>
	<b>0%</b>	<b>%</b>	<b>100% Better</b>
	<b>0%</b>	<b>%</b>	<b>100% Better</b>
	<b>0%</b>	<b>%</b>	<b>100% Better</b>
	<b>0%</b>	<b>%</b>	<b>100% Better</b>
	<b>0%</b>	<b>%</b>	<b>100% Better</b>
<b>OVERALL ASSESSMENT of ENTIRE TREATMENT:</b>	<b>0%</b>	<b>%</b>	<b>100% Satisfied</b>

**Patient/Client Comments** .....

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**PATIENT / CLIENT OUTCOMES**

**Notes for Guidance:**

- i) The bulk of each patient/client form should be completed by the practitioner, leaving only the '*Percentage Improvement*' boxes, '*Overall Assessment of Entire Treatment*' box and '*Patient/Client Comments*' section to be completed by the client.  
  
(*N.B.* The list of problems may sometimes be quite long. It could, for example, include depression for x number of years, panic attacks, insomnia, phobic responses, low self-esteem, feelings of guilt etc.).
- ii) Before commencing the last session, each client should be asked to enter a score between **0% to 100% of how better they feel with regard to each and every presented problem and how they rate their overall improvement as a result of treatment**, in the appropriate boxes. They may also be asked to include any **thoughts or feelings about therapy itself, achievements etc** in the '*Comments*' section.
- iii) Obtaining this information has many benefits. The client may not always understand or recognise that there has been a beneficial change in them - completing the form may help them to realise that their particular problem is greatly reduced, or has even disappeared. A client may not wish to say that they still have a particular problem or concern - for some, expressing it in writing will be easier. Also, should there be a low score to a particular item, the therapist will be aware before starting the final session so that it can be addressed, rectified or resolved.
- v) You are also, in effect, monitoring your own performance. Consistent under-performance with clients requiring, for example, weight management, might persuade you to refer on to someone else, or perhaps attend a further course of instruction in the respective subject.

***N.B.* This form is for the specific use of the practitioner ONLY and should be retained, along with all other patient/client records, in a completely secure place.**