

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 1st 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		
	0%	%	100% Better
	0%	%	100% Better
	0%	%	100% Better
	0%	%	100% Better
	0%	%	100% Better
	0%	%	100% Better
	0%	%	100% Better
	0%	%	100% Better
	0%	%	100% Better
	0%	%	100% Better
	0%	%	100% Better
OVERALL ASSESSMENT of ENTIRE TREATMENT:	0%	%	100% Satisfied

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.**