



REGISTRATION FORM

ALL INFORMATION IS STRICTLY CONFIDENTIAL

Date	
First Name	
Surname	
Preferred Name	
Sex	
Age & Date of Birth	
Address	
Relationship Status	
Occupation	
Telephone	
Email Address	
Doctors Name & Address	Name: Address: Telephone No:

LEANNE HELLON



RTT THERAPIST.
CERTIFIED CLINICAL HYPNOTHERAPIST &
INTEGRATED TRAUMA COACH

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Are you currently receiving any treatment from a doctor or any other Practitioner? If yes, please give brief details:

Are you currently taking any medication? If yes, please give brief details:

Past health problems:

Please give a brief background of your current concern:

Do you have any autoimmune disease or any other illness? If yes, please give more details?

What do you wish to receive from your session?



RAPID
TRANSFORMATIONAL
THERAPIST





Addictions	Anxiety	Eating Problems	Depression
Drinking ☐	Stress ☐	Food/Diet ☐	Confidence ☐
Smoking ☐	Fears ☐	Weight Problems ☐	Self-esteem ☐
Drugs ☐	Phobias ☐	Anorexia ☐	Motivation ☐
Gambling ☐	Panic attacks ☐	Bulimia ☐	Achieving goals ☐
Compulsive behaviour ☐	Guilt ☐	Exercise ☐	Money blocks ☐
	Relaxation ☐		Procrastination ☐
Career Issues	Sexual Problems	Pain Control	Relationships
Interview skill ☐	Fertility ☐	Hearing ☐	Childhood Problems ☐
Nerves ☐	IVF ☐	Sight/Vision ☐	Sleep Problems ☐
Public speaking ☐	Conception ☐	Mobility ☐	
Concentration ☐	Pregnancy ☐	Skin Problems ☐	
Exams ☐	Birth ☐	Hair growth ☐	
Memory ☐			
Driving skills ☐			

Please delete which areas do not concern you from the list above, then answer these questions:

1. What would your life look like if your issue was resolved?



2. What words would you like to be hearing about yourself?

3. What will people (that you respect) say and what words would you like to hear them say about you?

DISCLAIMER

People with Epilepsy or any person diagnosed as having a psychotic illness should not enter hypnosis. Leanne Hellon accepts no responsibility whatsoever. Under no circumstances including but not limited to negligence shall Leanne Hellon be liable for any special or consequential damages in anyway whatsoever now or in the future that result from the use of or the inability to use hypnosis, advanced hypnotic techniques, hypnotherapy, or any other therapies. The information, techniques, methods, and recommendations by Leanne Hellon are not intended to substitute for the diagnosis and a care of a qualified doctor nor to encourage the treatment of any illness by persons not recognizably qualified. If you use hypnosis and are under medical care for any condition, do not make any adjustments to any prescribed medication without the approval of your doctor. If in doubt, you should seek medical advice.

Leanne Hellon has taken care and attention based on the information provided at this RTT session and information is given in good faith. The information is not intended to substitute medical advice. Always consult your GP before changing medications and evaluating treatment alternatives.

Leanne Hellon does not accept any responsibility for any loss, damage or expense resulting from the use of information provided. You agree to indemnify and hold us harmless by signing and agreeing to these conditions.

DECLARATION

The information I have given here is to the best of my knowledge, completed and correct. I undertake RTT on the understanding that it is a collaborative process, and that progress depends in part upon my own motivation and participation, as well as listening for at least 21 days to the provided recording.

I accept that all appointments not cancelled within 48 hours will be charged in full.

Signature:

Date