



Ekāā

Ekagra Karma * Aparā Antara

INTEGRATED CLINICAL HYPNOTHERAPY

CASE REGISTRATION FORM

REGD NO. _____

DATE: _____

NAME:

AGE:

SEX: M / F

ADDRESS: _____

City: _____ State: _____ Country: _____

CONTACT NO:

E-MAIL ID:

CONSENT:

I.....hereby discharge the therapist..... and the institution of any contractual obligation. I am completely aware of the modalities of therapy and I am giving the therapist the authority to work (with hypnotherapy) on me. I have been explained in detail how the therapy works and I have been duly informed about the modality and the functioning of the therapy. I understand the limitations of the therapy and understand that the result of the therapy also depends upon a lot of external factors and my efforts.

I am also giving the consent to record my sessions and document my case and use it as a part of teaching module or research work.

SIGNATURE: _____

PLACE: _____

For the office use

REGD NO. _____

DATE: _____

NAME:

AGE:

SEX: M / F

THERAPIST:

CHIEF COMPLAINTS:

- 1.
- 2.
- 3.

HISTORY OF PRESENT COMPLAINT-(Onset, Duration, Progression):

INVESTIGATIONS DONE:

PERSONAL HISTORY:

FAMILY TREE:

FAMILY HISTORY:

DRUG HISTORY:

PREVIOUS ILLNESSES:

CHAKRA DIAGNOSIS:

1. CROWN CHAKRA:

2. THIRD EYE CHAKRA:

3. THROAT CHAKRA:

4. HEART CHAKRA:

5. SOLAR PLEXUS:

6. SACRAL CHAKRA:

7. MULADHAR CHAKRA:

PROVISIONAL DIAGNOSIS:

Arriving at Core Issue (Chakra Diagnosis/ Corrective/EET/ Paris Window)

PLAN OF THERAPY:

INVESTIGATIONS:

SESSIONS

1

2

3

4

5

6

7.

POST THERAPY INVESTIGATIONS:

TESTIMONIAL:

SIGN OF THE CLIENT

Date: