



MEDICAL HISTORY FORM / DATA ENTRY FORM

2023 Esther Seibt

Surname, Name
Address
Phone Number
Date of Birth

Reason for the visit/aim of the hypnosis treatment

Have you sought treatment elsewhere for this issue? ◦ If yes, in what context? What were the results?

Are there any acute or chronic illnesses (for example, cardiovascular, nervous system, seizure disorders, mental illnesses)? ◦ If yes, which ones?

Have you ever used psychotherapy? Have you ever been diagnosed with a mental illness? ◦ If yes, which illness? What were the results of the psychotherapy?

Have you ever thought about suicide, or do you currently have suicidal thoughts?

Is there any pregnancy? yes no

Are you currently taking medication? ◦ If yes, which ones and how often?

Are you currently receiving any other treatment for the issue you are consulting me about? ◦ If yes, with whom? What is the treatment concerning?

How much alcohol do you consume on average each week?

Do you use any drugs? ◦ If yes, which ones and how often?

Are there any current crises or extraordinary stresses in your life that could in any way affect the subject of treatment or the success of treatment?

Have you ever been hypnotized before? ◦ When / by whom and why?

◦ What were the results?

◦ What was the procedure like?

◦ What did you dislike or feel uncomfortable about?

Is there anything else you would like to tell me or that I should know?

DECLARATION OF CONSENT

I am aware that the work takes place within the framework of a coaching and counseling session and does not pursue any therapeutic or healing approach. yes no

I assure that I will not engage any other coaches during the duration of the joint work, whose work may have a counter-indicative effect. Should I nevertheless feel the need to engage another coach, I will only do so in consultation with my current coach, or at least inform him/her of this. yes no

I assure that I am physiologically and mentally healthy or undergoing medical and/or therapeutic treatment. If I am undergoing treatment, I assure that I will inform my coach of this and that I will bring a declaration of consent from my treating physician, which explicitly permits coaching accompanying therapy. Furthermore, I allow my coach to contact my treating doctors and therapists, after mutual agreement. yes no

I agree that my data will be stored as part of the treatment and will be secure for a period of up to ten years and accessible only to the practitioner and the client. yes no

I agree to the following applications as part of the sessions:

HYPNOSIS & HYPNOMEDITATION yes no

MEDITATION and THERAPEUTIC MEDITATION yes no

COACHING yes no

BREATHWORK & PRANAYAMA yes no

KUNDALINI YOGA (+ Yin Yoga, Vinyasa) yes no

VOICE & BODY TRAINING yes no

CRISIS INTERVENTION COUNSELING yes no

I certify the accuracy of all information and agree to enter a coach-coachee relationship with Esther Seibt, which is in accordance with the statutes and ethics of the ICF and the BDVT. Code of Ethics can be read here:

ICF <https://coachingfederation.org/ethics/code-of-ethics>

BDVT <https://www.bdvt.de/bdvt/machen/bdvt-compliance.php>

Date and Signature (client)

