



Client Confidential Information

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| Full Name: | Address: |
| Telephone: Mobile: Email: | Occupation: Partner's name: Age: |
| Do you have children? yes / no age: | Do any others in your family smoke? yes / no |
| How many cigarettes do you smoke in a day? | Is your work stressful? yes / no moderately / very |
| At what age did you start smoking? | Why did you start? peer pressure <input type="checkbox"/> rebel against authority <input type="checkbox"/> to appear more adult <input type="checkbox"/> other: |
| What do you get from smoking? it relaxes me <input type="checkbox"/> it helps me concentrate <input type="checkbox"/> it's an excuse for a break <input type="checkbox"/> it's a prop <input type="checkbox"/> other: | When do you smoke? on waking <input type="checkbox"/> at breakfast <input type="checkbox"/> driving <input type="checkbox"/> with tea/coffee <input type="checkbox"/> after meals <input type="checkbox"/> on the phone <input type="checkbox"/> at work <input type="checkbox"/> in bed <input type="checkbox"/> other: |
| What frightens you about smoking? | Do you know someone who has died from a smoking related disease? |
| Do you know someone who is ill now? | What is important to you? |
| How much money have you spent on smoking? | How much time have you wasted on smoking? |

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| Who are important to you? Why? | Has your doctor mentioned your smoking? yes / no | | |
| Have you had any worrying symptoms? | Do you have any health problems? heart problems <input type="checkbox"/> high blood pressure <input type="checkbox"/> diabetes <input type="checkbox"/> asthma <input type="checkbox"/> ulcers <input type="checkbox"/> other: | | |
| How long do you want to live? Why? | Who is responsible for your health? | | |
| What will you be able to do as a non-smoker that you could not do before? | What will you do with the money that you save? | | |
| Do you really wish to commit yourself to stopping smoking? | What is stopping you? | | |
| Contacts agreed: | Yes | No | Not asked |
| GP | | | |
| Consultants / Psychiatrist | | | |
| Other | | | |
| <p>By signing this contract, you are entering into an agreement for the services as agreed and detailed below:</p> <ul style="list-style-type: none"> • Cost – Private individuals £60 [per 60min session] • I understand that a cancellation without 48 hours may be charged for. • The conditions of confidentiality have been explained to me. • I have read the terms & conditions and privacy notice on the Affinity website. | | | |
| Signature: | Date: | | |