

Celia Guppy

Inspire, Motivate, Empower

Client Confidential Information

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			
By signing this contract, you are entering into an agreement for the services as agreed and detailed below: <ul style="list-style-type: none">• Cost – Private individuals £60 [per 60min session]• I understand that a cancellation without 24 hours may be charged for.• The conditions of confidentiality have been explained to me.• I have read the terms & conditions and privacy notice at www.celiaguppy.co.uk			
Signature:	Date:		