

Patient /Client Outcomes

Name..... Date.....

Patient/Client Number CBT Hypno-Analytical
 Cognitive/Suggestion Hypno-Anaesthesia Total Sessions X

Referring G.P./Consultant.....

The purpose of this document is to monitor the progress of therapy and the effects on the presenting symptomology. For reporting purposes 0% represents no change of the presenting problem/s i.e. pain, depression, insomnia, experienced by the patient, at the completion of therapy.

Presenting Problems / Symptoms

Percentage Change

	0%	<input style="width: 30px; height: 15px;" type="text"/> %	100% Better
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Patient/Client comments _____

