

Clinical Hypnotherapist

Giuseppe Filotto (C. Ht.)

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Disclaimer Form

I, the undersigned _____ understand that the hypnotherapy I am receiving is not a substitute for normal medical care and I have been advised to discuss this hypnotherapy with any doctor who is taking care of me now or in the future.

In particular, hypnotherapy is not a substitute for normal medical treatment of physical situations that require medical attention (e.g. conditions such as heart disease, broken bones, etc.)

Therefore:

- I should continue any present medical treatment and consult my regular medical doctor for treatment of any new or old illnesses.
- I have been advised by my hypnotherapist, Mr. G. Filotto that I should inform him of any medication I am currently taking as well as inform him of which doctor/s I am seeing so that he may inform them directly of the hypnotherapy that he is providing to me for my own safety and well-being.
- Local law does not permit the treatment of clinically diagnosed conditions by persons who are not qualified medical doctors (e.g. conditions that have been clinically diagnosed as being anorexia nervosa, bulimia nervosa, clinical depression, schizophrenia etc.). This has been made clear to me by Mr. Filotto in this Disclaimer Form and he has in no way represented himself as any kind of a substitute for a medical doctor to me. This state of law serves to protect persons afflicted with such issues by preventing unqualified persons from taking advantage of the afflicted person through the pretense of cure, and Mr. Filotto is in general agreement with such laws. As such he has no wish or intent to replace or substitute in any way any medical treatment which I should be undergoing and in fact urges me to inform any doctor I am seeing of the fact that I am undergoing hypnotherapy as this may aid or help or in some way have an impact on their chosen course of action with regard to my condition.
- I have carefully read and understood fully all the contents of this Disclaimer Form and sign it of my own free will.

Date: _____

Name (Please use block capitals to make this easily legible): _____

Address: _____

Signature: _____