'SACRED HEART SACRED MIND'

Client Information & Consent Form

All information is treated as strictly confidential and is collected to ensure your sessions are tailored to your individual needs.

Please complete the form to the level of your own comfort.

Full Name…….

Preferred Name……..

Phone Number…….....

Address…….Post Code…..

Date of Birth……...

Occupation…….

Emergency Contact Name.....

Introduced By…….

For hypnosis to be effective, you must believe you can be hypnotised and are willing to participate fully in the process. If you don't believe hypnosis can work for you, I am unable to proceed with the session, as it would not be a productive use of your time or mine.

Do you believe you can be successfully hypnotised?

☐ Yes ☐ No

What brings you to hypnotherapy?

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Have you ever been diagnosed with a mental health condition?

☐ No

☐ Yes

If yes, please provide details:

.....

.....

Are you currently receiving treatment from a:

☐ GP

☐ Psychologist

☐ Psychiatrist

☐ Counsellor

☐ Other .....

Are you currently taking any medication?

☐ No

☐ Yes

If yes, please list

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.....

Have you ever experienced any of the following?

☐ Epilepsy or seizures

☐ Psychosis

☐ Schizophrenia

☐ Bipolar Disorder

☐ Significant head injury

☐ Drug or alcohol dependence

☐ None of the above

Lifestyle

How would you rate your current stress levels?

1 2 3 4 5 6 7 8 9 10

Low ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ High

How would you rate your sleep?

☐ Excellent

☐ Good

☐ Fair

☐ Poor

Have you had counselling or coaching before?

☐ Yes

☐ No

Anything Else?

Is there anything you feel would be helpful for me to know before we begin?

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Consent

I understand that:

• Hypnotherapy is a complementary therapy and is **not** a substitute for medical or psychological treatment.

• Results vary from person to person.

• I understand I remain aware and in control throughout hypnosis.

• I understand I may stop the session at any time.

• I have answered all questions honestly and to the best of my knowledge.

• I consent to receiving hypnotherapy.

Client Name:

Signature:

Date:

Thank you for taking the time to complete this form. I appreciate your trust and look forward to meeting you. Every person is different, so every session is tailored to you.

Privacy Statement

All personal information is kept strictly confidential and stored securely in accordance with Australian privacy legislation. Information will not be disclosed without your consent unless required by law.

Additional Medical Disclaimer

Sacred Heart, Sacred Mind Energy Healing Practice, is not intended to be a substitute for medical advice, therapy, counselling or related to

providing a medical diagnosis. By attending Sacred Heart Sacred Healing Practice, you agree and understand that spiritual and energy healing practitioners do not diagnose conditions nor do they prescribe or perform 'medical' treatment, 'medically' prescribed substances, nor interfere with the treatment of a licensed medical professional.

I understand I must provide at least 24 hours' notice of cancellation of an appointment or a $90 cancellation fee may be applied.