

# Client Intake and Consent Form

## ***Part 1: Personal Information***

First Name(s): \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

## ***Part 2: Existing Medical Conditions***

Please list any significant medical conditions and current medication: \_\_\_\_\_

\_\_\_\_\_

Are you currently under the care of any psychiatrist, psychologist or counsellor: Yes / No

Name and contact details of therapist: \_\_\_\_\_

Why and since when are you seeing this therapist: \_\_\_\_\_

## ***Part 3: Lifestyle Summary***

On average, how often do you exercise per week: \_\_\_\_\_

How well and how long on average do you sleep: \_\_\_\_\_

On average, do you think you follow a healthy diet: \_\_\_\_\_

Do you smoke: \_\_\_\_\_ Do you drink alcohol: \_\_\_\_\_

Do you use any recreational drugs: \_\_\_\_\_

**Part 4: Clinical Hypnotherapy Expectations**

Please list your Clinical Hypnotherapy treatment expectations, e.g. please list where you expect we may help you with:

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Have you had any previous experiences with Clinical Hypnotherapy: \_\_\_\_\_

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**Part 5: Health Funds and Medical Referrals**

Are you a member of a health fund:

Yes / No

Health fund rebates vary between funds and levels of cover. There are still some funds that do not cover Hypnotherapy. Additionally, changes in policy can occur at any time. We cannot tell you if your health fund policy will cover your Clinical Hypnotherapy sessions, or what your rebate will be. I understand and agree:

Yes / No

If you were referred by a medical professional, do you agree for Horizons Hypnotherapy to liaise with the medical professional strictly around the issue(s) you were referred for?

Yes / No / Not Applicable

**Part 6: Client Communication**

I agree to be contacted by Horizons Hypnotherapy in the future to follow you up on my progress:

Yes / No

If yes, please indicate your preferred contact method:

Phone / Email

## **Part 7: Terms & Conditions**

I agree to the following terms and conditions:

### **APPOINTMENTS**

If you are running late for an appointment, please contact Horizon Hypnotherapy as soon as possible. Unfortunately, a full session cannot be guaranteed if you are late, but we will try to accommodate you if possible. Failure to attend an appointment without notification will result in full payment of the session being due. Where the session has been prepaid there will be no refund.

### **CANCELLATIONS**

If it is necessary for you to cancel or reschedule an appointment, please provide at least 24-hours' notice so that the appointment can be offered to another client. If you provide less than 24-hours' notice, the full fee for that session will be charged.

### **FEES**

I agree to the fees that are listed on: <https://www.horizons-hypnotherapy.com.au/pricing.html> or which are listed in individual treatment plans, when such are being issued by Horizons Hypnotherapy and accepted by me. Horizons Hypnotherapy reserves the right to alter prices without notice. Pre-purchased treatment packages and treatment plans in process will not be affected.

## **Part 8: Consent**

By signing this form, I agree to the use of hypnosis as a therapeutic treatment tool as part of my Clinical Hypnotherapy sessions. I understand that Clinical Hypnotherapy is not a substitute for allopathic medical care and I should continue any present medical treatment and consult my regular medical doctor for treatment of any new or existing illnesses. I confirm that I am seeking alternative/complementary and non-medical treatment that may not be supported or endorsed by established medical practice. I accept that no guarantee of a cure can be given for any presenting issue or any issues which may become apparent during therapy.

## **Part 9: Informed Consent**

I understand that if I disclose that I have committed certain serious criminal offenses, the therapist is obliged by law to report me to the authorities. I further understand that if the therapist deems that I may be a physical threat to myself or others he/she is obliged to report this.

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_

Signature of legal guardian, where applicable: \_\_\_\_\_