

Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact Information**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_ How did you hear about me? \_\_\_\_\_

**Address** Are you in a Health Fund?  YES  NO

Street: \_\_\_\_\_ If so, which Health Fund? \_\_\_\_\_

Suburb: \_\_\_\_\_ Does it cover Hypnotherapy?  YES  NO

Postcode: \_\_\_\_\_ Is it OK to contact you at home or work?  YES  NO

**Health Problems and Medications - Are you currently under any treatment from any other medial practitioner for any health problem?**

Is there any reason you know of that should prevent you from receiving Hypnotherapy Services?  YES  NO

Select a circle next to the main reason the main reason you have come for - tick all other issues you are aware of that may also be relevant

- Smoking Cigarettes
- Success / Achievement
- Goal Setting
- Irritable Bowel
- Panic Attacks
- Sadness / Depression / Negativity
- Confidence / Assertiveness
- Relationships
- Bereavement / Greif
- Guilt / Shame
- Nail Biting / Hair Pulling
- Fears / Anxiety / Phobia
- Bruxism / Tinnitus
- Skin Disorders - Psoriasis / Warts

- Anger
- Gambling
- Sexual Assault
- Smoking Marijuana
- Insomnia
- Food Issues - weight / bulimia
- Alcohol Problem
- Concentration / Study & Exams
- Bed Wetting
- Phobia / Situational Stress
- Sexual Stress - Erectle / Vaginitis
- Migraine Headaches
- Energy / Motivation
- Sports Performance

Tick issues below that are also relevant. For example, the things you know about your past might include:

<input type="checkbox"/> Sexual abuse or rape	<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Bullied at school	<input type="checkbox"/> Parents divorced
<input type="checkbox"/> Psychological abuse	<input type="checkbox"/> Accidents	<input type="checkbox"/> Illness (past or present)	<input type="checkbox"/> Marriage problems
<input type="checkbox"/> Fears from past events	<input type="checkbox"/> No love in childhood	<input type="checkbox"/> Drugs	<input type="checkbox"/> Other

Any illnesses, accidents, any sort of trauma, anxiety, situations that cause you to feel any negative emotions, not covered so far – anything that could prevent you from reaching what you have come here to achieve, [click here](#).

If you are bringing your history written on a piece of paper, please tick

What changes are you hoping to see or feel that will let you know you are achieving what you came here for?

Other Details    Type of Job: \_\_\_\_\_ Stressful?     YES     NO

It is a requirement under NSW Legislation that I inform you that my practice comes under the NSW Legislation Code of Conduct. You may read the code here - <http://www.health.nsw.gov.au/phact/Pages/code-of-conduct.aspx>

I would request that you give me permission to send details of your success to your Medical Practitioner so that she/he gains trust in my ability to assist other patients. This contact only relates to the outcome of our work and in no way breaches confidentiality in what we have spoken about, i.e. "Client-X has come to me to cease the smoking habit (insomnia, anxiety etc.) and I am pleased to advise that on checking with Client-X that this is no longer a problem for her/him." Unless you advise me specifically not to do so, putting your Doctors details below is your consent to allow me to contact her/him.

Doctor Details    Name: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_  
Address: \_\_\_\_\_

Sometimes, (though this has rarely been the case in my practice) it may be helpful for you and me to discuss your medical condition with your Medical Practitioner to ensure your safety (Epilepsy for example). By Law, I have an obligation to discuss details with your Medical Practitioner or the authorities without your permission, if you are in danger to yourself, or to anyone else, or if I were subpoenaed by law. This is called mandatory reporting. All doctors/health professionals have an obligation to do this. I would discuss this with you before needing to do so. I have never had a need to do this in my practice to date.

**A note\***  
*"Believe nothing, no matter where you read it or who has said it, not even if I have said it, unless it agrees with your own reason and your own common sense." ~ Buddah*

You will sign and date this on the day of your appointment.    Date: \_\_\_\_\_ Signature: \_\_\_\_\_



Background Notes (extended)