

Client Information

Name Client Number Date

DOB Sex Address

Suburb State Postcode

Home Work Mobile

Email

Occupation

Marital Status

Children (ages)

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.....

Referred by

GP name and contact details

Hypnotherapy Services including NLP, EFT and Hypno-Kinesiology: The provision of these services entails the collection and recording of personal information relevant to your current situation. This information is a necessary part of your assessment and treatment protocol.

Access: Any information gathered, recorded and filed is available upon request.

Confidentiality: All personal information gathered during the course of any sessions conducted by the Hypnotherapist shall remain confidential and secure, except in the case where:

1. It is subpoenaed by a Court
2. Prior approval has been obtained to:
 - a. provide a written report to another professional or agency (eg a GP)
 - b. discuss the material with another person assisting in treatment plan (eg a partner or parent)

Client Agreement: As the client, you agree not to put yourself or others in harms way. In a crisis you promise to call any one of the following: your GP, hospital, Emergency Services 000; Life Line 131114, Crisis Line (9331 2000). This Agreement indemnifies the Hypnotherapist and enforces in a legal and binding way the 'Duty of Care' obligations in every respect.

Cancellation: If for some reason there is a need to cancel or postpone an appointment, kindly do so within 24 hours prior to the appointment time. Cancellation without a 24 hour notice period shall incur a charge of 50% of the consultation fee.

Acceptance: I have read, understand and agree to all of the above.

Patient Signature Date