

HYPNOTHERAPY CONSENT FORM

Hypnotherapy / Counselling / Coaching Services - In order to provide the best support possible to you Thinkshift will need to collect and record personal information, manually and electronically, during each session. The information will be used to set goals and to monitor progress which may be relevant for future sessions. Paper information will be stored in a locked filing cabinet and electronic information under password protected software.

Access - You may access the material in your file upon request in writing at any time.

Confidentiality - All personal information gathered by the Counselling, Coaching and Hypnotherapy practitioner during the provision of the services will remain confidential and secure except when:

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you and another person at risk, or
3. Your prior approval has been obtained to:
 - a. Provide a written report to another professional or agency, e.g. a GP or a solicitor, or
 - b. Discuss the material with another person, e.g. a partner, parent or employer
4. To ensure that you receive the best possible care, details of your case may be discussed with the practitioner's supervisor in confidential terms. During these discussions your identity will not be revealed.

Fees - An initial consultation runs between 90-120 minutes, the charge is \$300. Regular consultations thereafter run on a sessional basis of 55-60 minutes and the charge is \$150 per session, however, frequently sessions run to 90 minutes, for which the charge is \$225. Fees are payable at the end of each session by cash, EFTPOS, Visa or MasterCard. If more than 60 minutes is required, the client will be charged at a portion of the hourly rate of \$150 per hour.

Authority to Charge a Credit Card - If for some reason you need to cancel or postpone an appointment, 24 hours notice would be appreciated, failure to do so will incur a cancellation fee of \$150. I authorise the

charging of consultation fees directly to my nominated credit card as detailed here: Visa MasterCard (tick the card preference)

Name On The Card	Signed	Date
<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center; justify-content: center;"> / </div>	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>
Card Number	Expiry Date	

Thinkshift practitioners and Andrew Reay abide by the charters of the:

- o Australian Society of Clinical Hypnotherapists - ASCH
- o Australian Hypnotherapists Association - AHA
- o Australian Counselling Association - ACA
- o Australian Association of Clinical Hypnotherapy and Psychotherapy - AACHP
- o Here are some of the key points:
 - o You will be treated with respect
 - o You will receive a clear explanation of the service you will receive
 - o Your consent for any service will be sought by Andrew Reay prior to the service commencing and as it progresses
 - o You will receive an explanation about the nature and limits of confidentiality at **Thinkshift**
 - o You will receive competent an professional service
 - o You will receive a clear statement about fees
 - o You will be clear about outcome that you and Andrew Reay are working towards
 - o You will be shown respect for your cultural background, gender and religion

I, (print your name)....., have read and understood the above consent form. I agree to these conditions for the Hypnotherapy/Counselling/Coaching Services provided by Andrew Reay.

Signed Date

PTO - To complete Client History Form

CONFIDENTIAL PERSONAL HISTORY QUESTIONNAIRE

Name Birth Date/...../..... Age

Address Suburb

Post Code Home Ph Mobile

Email Address

Occupation

Current Medications (if any)

What hobbies or enjoyable pastimes do you have?

What are your skills and talents?

What are you good at?

Do you suffer from any of the following conditions? If so please tick the appropriate ones.

Anxiety	<input type="checkbox"/>	Eating Disorders	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Drug Dependence	<input type="checkbox"/>
Performance Anxiety	<input type="checkbox"/>	Addictive Behaviour	<input type="checkbox"/>	Dissociative Identity Disorder	<input type="checkbox"/>	Irritable Bowel Syndrome	<input type="checkbox"/>	High or Low Blood Pressure	<input type="checkbox"/>
Obsessions	<input type="checkbox"/>	Stomach Ulcers	<input type="checkbox"/>	Psychosis	<input type="checkbox"/>	Indigestion	<input type="checkbox"/>	Pain	<input type="checkbox"/>
Phobias	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Hypoglycaemia	<input type="checkbox"/>	Headaches	<input type="checkbox"/>
Panic Attacks	<input type="checkbox"/>	Nightmares	<input type="checkbox"/>	Schizophrenia	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Migraine	<input type="checkbox"/>

Have you ever been diagnosed with Dissociative Identity Disorder (Multiple Personalities), Psychosis, Epilepsy or Schizophrenia? Yes / No. (Provide details if applicable)

Do you smoke? Yes / No. How many a day? Main reason for smoking?

Have you attempted to become a non-smoker? Yes / No. When? Therapy Used?

Have you ever experienced hypnosis? Yes / No. If so, how long ago? Performed By

Have you ever experienced: meditation / yoga / drug altered states (circle if applicable)

Have you ever had group therapy or psychological counselling? Yes / No. If so, how long ago?

Performed By Primary purpose of that therapy?

What aspects of yourself or your behaviour do you wish to change through hypnotherapy?

.....

Who referred you, or how did you hear of this service?

Do you Private Health Insurance? Yes / No. If Yes, which fund?

Signed..... Date

Practitioner Only

GenObs LCd1
 Fa LCd2
 Mo HyS1
 Sib..... HyS2
 Sp ReApt
 Sp2..... Breath IceB BrWav Thpy
 Ch

Thank you for completing this form