

## Welcome to Body & Brain Centre!

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ Hobbies: \_\_\_\_\_

Please Tick:  I would like to receive newsletters with special offers, health tips and more.

Emergency Contact - Name: \_\_\_\_\_ Phone: \_\_\_\_\_ R'ship: \_\_\_\_\_

How did you hear about the clinic? \_\_\_\_\_

If online, what search words were used? \_\_\_\_\_

Have you had hypnotherapy before? Yes / No

If you are taking any medication currently, please list what it is and why you are taking it

Are you under the care of another therapist? Yes / No Who? \_\_\_\_\_

Are you a smoker?

Please describe your alcohol consumption:

- I don't drink at all  Occasionally  Socially  Not at home  Occasionally binge  
 A glass or two at night  Everyday  I use it to help me sleep

Describe your sleep

Have you ever severed from the following:  Depression  Anxiety  Chronic Insomnia  Phobias  Addictions  Compulsive Disorders  Drug Abuse  Eating Disorders  Schizophrenia  Bipolar Disorder  Other  None of the Above

Do you severe from:  Respiratory problems  Digestive issues  High blood pressure  Dizziness / fainting  Back or neck pain  Psoriasis / skin complaints  None of the above

What is it that you expect we can help with:  Performance anxiety  Social anxiety  Generalised anxiety  Work stress  Relationship stress  Depression  Stop drinking  Trauma / PTSD  Behavioural modification  Addictions  Study skills / memory  Phobia  Pain / post-operative healing  Other

Are you working? \_\_\_\_\_ If so, what kind of work? \_\_\_\_\_

Anything else important to share?

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### Physical

Chiropractic  
Myotherapy  
Remedial Massage

### Brain

Biofeedback  
Neuro-Rehab  
Brain Scans

### Emotional

Counselling  
Meditation

### Nutritional

Dietetics/Nutrition  
Naturopathy

### Traditional

Acupuncture  
Chinese Medicine

## **Informed Consent to Clinical Hypnotherapy & Strategic Psychotherapy**

### Private Health Insurance

Private health insurance rebates vary between fund and level of cover. We are unable to tell you whether your policy will rebate hypnotherapy or not and what the rebate will be.

Please Tick

I acknowledge and understand the above private health insurance statement

### Confidentiality

Your clinical therapy sessions are entirely confidential. There are situations where, if they present, your therapist will be required to break our confidentiality. You need to be aware of these instances and acknowledge that you are aware of this.

Instances where confidentiality will need to be broken:

1. There is possibility of harm to yourself and / or others
2. I am required by law (subpoena or for mandatory reporting)
3. When intention or action has been disclosed that is criminal in nature
4. For purposes of referral and / or supervision, when full name and identity are kept completely confidential, unless permission has been given otherwise

Please Tick

I acknowledge and understand the above confidentiality statement

### Reschedule Policy

I understand I must provide 24 hours notice if I'm unable to attend my scheduled appointment to avoid paying a 50% reschedule fee. If I fail to provide notice, or provide less than 3 hours notice, that I cannot attend my appointment, I will be liable for 100% of the consultation fees.

Please Tick

I acknowledge and understand the above reschedule policy

### Alternative & Non-Medical

Clinical hypnotherapy, strategic psychotherapy and other clinical therapies used are alternative and are not medical in nature. They may not be endorsed by established medical practice.

My therapist is *not* a psychologist nor medically trained. Hypnosis should *not* be considered a replacement for the advice and / or services of a psychiatric, psychologist or medical doctor.

My therapist has the right to refuse treatment, or cease treatment and refer me on at any time.

Please Tick

I acknowledge and understand the above alternative & non-medical statement

### Informed Consent to Clinical Therapy

Hypnotherapy and rapid transformation therapy are treatment tools that may be used in my clinical therapy sessions among others. Following recommendations including full participation in sessions and completing home exercises is an important part of therapy success.

Although clinical therapy has an incredible high success rate, particularly with a minimum of four sessions, therapists cannot guarantee nor predict results. Success depends on many factors that therapists don't have control over, including willingness and desire to affect change.

During clinical therapy sessions, your therapist may respectfully lift your arm, touch your shoulder, tap your forehead or gently rock your head in order to help facilitate the deepening process.

Please Tick

I understand and consent to clinical therapy including hypnosis, rapid transformation therapy & other therapies

I understand and consent to physical touch during session as described above

#### **Physical**

Chiropractic  
Myotherapy  
Remedial Massage

#### **Brain**

Biofeedback  
Neuro-Rehab  
Brain Scans

#### **Emotional**

Counselling  
Meditation

#### **Nutritional**

Dietetics/Nutrition  
Naturopathy

#### **Traditional**

Acupuncture  
Chinese Medicine

Audio Recordings

During sessions, with permission, my therapist may make an audio recording of the session, including your own voice. If recording(s) are made available during or after my session(s), Body & Brain Centre retains full copyright over any form of media that may be produced and distributed to me.

Please Tick

I understand and consent audio recordings

Waiver from Liability

I give full release from any liability or claims that could be made against my clinical therapist. This includes in relation to your mental and / or physical health and wellbeing during the work that has been outlined and agreed upon (now and in the future).

Please Tick

I understand and give full release of liability or claims

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ (Parent/Guardian if under 18 years)

CLINICAL THERAPIST'S SIGNATURE \_\_\_\_\_

Own behalf of any current or future clinical therapists of Body and Brain Centre

Questions to Ask Therapist:

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