CLIENT INTAKE FORM p.1	
Full Name	
Date of Birth	
Phone	
Email *please print clearly*	
Street Address 1	
Street Address 2	
City	
State	Post Code
Are you currently taking any medication?	
If Yes, what is it and why was it prescribed?	
Are you currently under the care of another Therapist?	NO ☐
Have you had Hypnotherapy before?	NO ☐
Are you a smoker?	NO ☐
Describe your alcohol consumption	
	A glass or two at night☐
Describe your quality of sleep	
	Poor ☐
Have you ever suffered from any of the following?	Depression ☐ Anxiety ☐
	Chronic Insomnia ☐ Phobias ☐
	Addictions ☐ Compulsive Disorders ☐
	Drug Abuse Eating Disorders ☐
	Schizophrenia ☐ Bipolar Disorders ☐
	Other ☐

CLIENT INTAKE FORM p.2		
Do you suffer from any of the following?	Respiratory problem ☐	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 you with?	Performance Anxiety Yes	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 a member of a health fund?	Yes ☐	No ☐
N.B. Health fund rebates vary between funds and levels of cover. Additionally, changes in policy can occur at any time. We cannot tell you if your particular insurance policy will cover your hypnotherapy sessions, or what your rebate will be.		
I Agree	I Disagree ☐	
How did you find out about the clinic ?	Television ☐	Doctor's referral ☐
	Other Therapist ☐	Naturally Therapy pages ☐
	Google Yes	Friend ☐
		Other
Would you like to be kept informed of workshops that would support and reinforce the work you have done here in the clinic		
Yes	No ☐	
Would you be willing to answer a short questionnaire sometime in the future for research purposes?		
Yes	No ☐	

CLIENT INTAKE FORM p.3
Cancellation Policy: I acknowledge that I, unless I give 24 hours notice of a session cancellation, may be charged in full.
I Agree ☐
Disclosure: I understand that if I disclose that I have or intend to commit certain criminal offenses, the Therapist is obliged by law to report me to the authorities.
I Agree☐
I also recognise that I am seeking alternative/non medical treatment that may not be supported or endorsed by established medical practice.
I Agree ☐
Do you consent to the use of hypnosis as a teatment tool during your clinical hypnosis session?
I consent Yes
Please use this space to provide any other information you feel may be relevant.
Client signature Date