

Consent Form for Geordie Thompson Hypnotherapy

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____ Mobile Number: _____

Email: _____

Occupation: _____

Number of Children: _____

How did you hear about us? _____

If referred, by whom: _____

Have you ever experienced hypnotherapy? _____

If yes, reason and results? _____

Please answer the following questions thoroughly and honestly:

1. Reason you are coming for hypnotherapy? _____

2. Any Previous attempts to address this issue? Yes No Results _____

3. Are you currently receiving psychiatric / counselling and/or therapy with another practitioner treatment?
Yes No If yes, under whose care and where?

4. List all prescription medication you currently take, and the condition(s) for which you take it:

5. Are you currently using any recreational drugs, for example cannabis or Ecstasy? Yes No
If yes please detail _____

6. Have you ever been diagnosed with any of the following conditions:

Depression/Anxiety	YES	NO	When _____
Bi-Polar disorder	YES	NO	When _____
Epilepsy	YES	NO	When _____
Obsessive Compulsive Disorder	YES	NO	When _____
Post-Traumatic Stress Disorder	YES	NO	When _____
Heart	Cholesterol	Diabetes/sugar	Stomach Problems
Asthma	Bronchitis	Emphysema	Breathing Problems
Insomnia	Headaches	Epilepsy	Bowel Problems
Pain	Allergies	Brain Injury	Urination Problems
Cancer	High Blood Pressure	Sexual Problems	

7. Please list (or circle) anything you are uncomfortable with, or upset by: e.g. spiders, heights, enclosed spaces, germs, flying, snakes/reptiles, water, darkness, blood, knives, rats, mice, crowds, etc.

8. What (if any) therapy, lifestyle or attitude changes have been partially successful in making you feel better?

9. Have you, at any time, *seriously* considered or attempted suicide? If not, please write 'No'; if yes please provide full details of the circumstance(s) and the date(s):

10. Is there anything else that could be connected with your issue that I should know about you before we start the therapy?

11. Please provide the name, address and telephone number of your GP and/or Hospital Consultant:

12. Do you give permission for Geordie Thompson to contact your GP and/or Hospital Consultant if he deems it strictly necessary? Yes No

PLEASE CAREFULLY READ AND NOTE THE FOLLOWING

1. I have been advised by Geordie Thompson the scope of the therapies he provides and give my full consent to receiving therapy sessions from Geordie Thompson. I understand that the results vary from person to person, and the agreement by Geordie Thompson to work on the issues or problems presented by me, using whatever model or models are appropriate to my situation, in no way guarantees a 'cure' of the said issues or problems.
2. I understand that Hypnotherapy, or any other therapy provided by Geordie Thompson, is not a replacement for medical treatment, psychological or psychiatric services or the appropriate counselling. I also understand that Geordie Thompson does not treat, prescribe for, or diagnose any condition. I declare that, if advised prior to any session with Geordie Thompson to seek medical approval, I have consulted with my General Practitioner and/or health care practitioner and gained the appropriate medical approval for working with Geordie Thompson.
3. I have been advised that normally 4 sessions are required however I am free to terminate any or all sessions at any time. I have agreed to participate in each session to the best of my ability, and that contact between sessions will be strictly limited to telephone, email or letter.
4. I have accurately and truthfully answered the questions on this Consent Form and provided background information as requested by Geordie Thompson.
5. I agree that reports requested by insurance companies, doctors, employers, courts etc. will not be released without my written permission, and will incur a nominal fee of \$10.00 to prepare and provide.
6. I understand that any MP3 download or CD is provided for me at Geordie Thompsons discretion. I agree that any such MP3 or CD is for my personal use only and that it is not to be lent, copied or sold under any circumstances.
7. I understand that home visits will be made by Geordie Thompson only in exceptional circumstances, and should I require a home visit I agree to pay an additional fee to cover Geordie Thompsons travel expenses.
8. I give permission for Geordie Thompson to record our hypnotherapy sessions for the purpose of preparation for further sessions. I understand that I can request a copy of the session at any time.
9. Confidentiality is paramount and will be maintained in all but the most exceptional circumstances. I agree that these can include: legal action (criminal or civil court cases where a court order is made demanding disclosure, including corners' courts); child abuse; if I am an imminent danger to myself or others; and where there is good cause to believe that not to disclose would cause danger of serious harm to others. Most standards of confidentiality applied in professional contexts are based on the Common Law concept of confidentiality where the duty to keep confidence is measured against the concept of 'greater good'. The sharing of anonymous case histories with supervisors and peer-support groups is not in breach of professional confidentiality.
10. Geordie Thompson has reserved your session for you and it is his policy to charge \$25.00 for cancellations received with less than 24 hours' notice, or non-attendance. Non-attendance of a fee-paying booked session without prior warning will result in a charge being made that is equal to the fee of the session. Such fees are charged at Geordie Thompsons discretion, and I agree to pay fees incurred in those circumstances.

I agree to the terms stated above.

Please print full name: _____

Signed: _____ Date: _____

shingenservices@gmail.com
0413207200
shingenservices.com.au