

Client Information Form

private and confidential



Please complete this Client Information Form, save it and email to holistichealthmelb@bigpond.com at least 48 hours prior to your appointment

Date:

First Name:

Last Name:

Address:

Postcode

Phone:

Email:

DOB:

Occupation:

Reason for consultation:

How do you feel now on a scale of 1-10 (1=low 10=high):

What would you like to achieve:

What is your greatest challenge:

Are you currently receiving treatment from a Medical Practitioner:

Is it for this issue or something else (please describe):

Please list any medications you are currently taking:

If you are female, is it possible you may be pregnant:

Please add any other information that may be relevant:

How did you hear about us? *Friend:*

Google:

Website:

Would you like to receive emails with offers and info: *Yes \ No*

If relevant, may we contact you for a follow-up: *Yes \ No*

We look forward to working with you at your appointment. Your session will be conducted in a relaxing, comfortable and confidential environment.

Following your session: *After your therapy session you may feel extremely light and clear. It is not uncommon to experience physical, emotional or mental changes in response to the energy shifts, or as suppressed emotions are released. It is also not uncommon to feel very tired for a few days as your energies adjust. These changes are transient and do not last very long. **If you are feeling uncomfortable or have any questions, please do call us to discuss.***

Your agreement regarding your appointment: A confirmed appointment is a commitment by you to attend. To confirm your appointment, please respond YES immediately to the text reminder. **If you need to change or cancel your appointment, please provide at least 48 hours notice.** If less than 24 hours is provided, 50% of session fee is payable. If less than 24 hours, 100% of session fee is payable.

Signed:

Date:

QUIT CIGARETTE CLIENTS

Congratulations on your decision to quit smoking. You have come to the right place. The following information will be used in your Hypnotherapy session.



First of all, the most important question. How much do you want to stop smoking 1-10 (1=low 10=high):

How many cigarettes do you smoke each day?

What does this cost you each week?

Each month?

Each year?

How old were you when you started smoking?

Why did you start?

Do you believe you are addicted to nicotine?

Have you tried to stop smoking before?

Please describe:

What has prevented you from stopping in the past:

What are the 3 biggest reasons you want to stop smoking?

What are the 3 things you will gain when you stop smoking?

What are your triggers to smoke?

Deposit of \$100 is required to secure QUIT session. Please contact us to arrange payment or complete the following details:

Credit Card Number:

Expiry Date:

CVV:

WE DO NOT DISCLOSE PERSONAL AND CONFIDENTIAL INFORMATION to any Third Party

As part of the program, we ask you to provide feedback in the form of a written Testimonial, photo or short video for our records.

If you are comfortable to do so, you may choose to allow your feedback to be used for marketing purposes (we only use a small percentage). This social proof is part of the program and your full name is not disclosed at any time.

I <your name> agree that:

1. As part of the program, following the session I agree to provide a written Testimonial, photo and video for your records.

2. You may use the information indicated for marketing purposes on websites or in literature:

TESTIMONIAL PHOTO VIDEO

3. I am also happy to provide information for marketing purposes in _____ days\weeks\months Date: _____

TESTIMONIAL PHOTO VIDEO

Signature:

Date: