Client Information Form Private and Confidential

Holistic Health
MELBOURNE & COLAC OTWAY

Please mailto:holistichealthmelb@bigpond.com 48 hours prior to your appointment if possible

Date: Appointment Date:

First Name: Last Name:

Address: Postcode:

Phone: Eml:

DOB: Occupation:

Reason for consultation:

How do you feel now? *1 (low) -10 (high)*

What would you like to achieve:

What makes it difficult for you to achieve it:

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:

Other relevant information:

How did you hear about us?

Would you like to receive our Newsletter:

If relevant, may we contact you for a follow-up:

We look forward to working with you. 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 tired for a few days as your energies adjust. These changes are transient and do not last very long. If you are feeling uncomfortable, please do call us to discuss.*

Confirming your appointment: Please respond YES to the text reminder to confirm your appointment.
Cancellation Policy: A confirmed appointment is a commitment by you to attend and this time is reserved for you. If you need to reschedule or cancel your appointment, please provide at least 48 hours notice so that someone else can have your timeslot.
Cancellation Fee: If less than 24 hours notice is provided, 50% of session fee is payable. For cancellation (or no-show) on the day, 100% payable.

Signed: Date:

Your digital signature\name confirms acceptance of conditions. Thank you for completing this page.

FOR QUIT CIGARETTE CLIENTS ONLY

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

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?

What does this cost you each year?

How old were you when you started smoking?

Why did you start?

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?

1.
2.
3.

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

1.
2.
3.

What are your triggers to smoke?

Deposit of $100 is required to secure your QUIT session. Please call 0409706727 to arrange payment.
Alternatively, please complete the following details: Credit Card Number:
Expiry Date: CVV:

WE DO NOT DISCLOSE your information to any Third Party

As part of the program, we may 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. Following the session, I am happy to provide the following for your records: ☐ TESTIMONIAL ☐PHOTO ☐ VIDEO
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 follow-up information for marketing purposes ☐ TESTIMONIAL ☐PHOTO ☐ VIDEO

Signature: Date:

Your digital signature\name confirms acceptance of conditions. Thank you for completing this page.