

Clinical Hypnotherapy

Client Personal Information



43 Thomas Street
Wynnum Qld 4178

Ph: 0408 220 125
E: info@mtah.com.au
www.mtah.com.au

ABN: 75 237 121 948

Name: _____

Address: _____

Phone: _____

Email: _____

Date of Birth: ____ / ____ / ____

Occupation: _____

Please describe your current family dynamic

(eg: Married or Single, any dependent children or animals, are you living away from family etc.)

Please describe your current lifestyle / habits

(eg: exercise, diet, do you smoke, do you consume alcohol regularly etc.)

Reason for Consultation: _____

Any previous experience with hypnotherapy _____

Private Health Fund Details: _____

Current Medications _____

Current Medical Conditions: _____

Current Medical Practitioner details: _____

Emergency Contact

Name: _____ **Phone:** _____

Family Medical History:

Mother: _____ **Father:** _____

Siblings: _____



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Please indicate & provide details if you have any of the following conditions

Blood Pressure – Please circle appropriate: HIGH / LOW / NORMAL / UNSURE

Heart Problems: _____

Asthma / Respiratory Conditions: _____

Thrombosis / Circulatory Conditions: _____

Fainting / Blackouts / Vertigo: _____

Headaches / Migraines: _____

Insomnia / Sleep disturbances: _____

Fatigue / Always feeling tired: _____

Sciatica / Lumbago / Back Pain: _____

Joint pain / discomfort: _____

Diabetes & Type: _____

Epilepsy: _____

Cancer: _____

Problems or conditions with any organs: _____

Reproductive Problems: _____

Fluid retention _____

Skin Conditions: _____

Allergies: _____

Pregnant – how many weeks?: _____

Diagnosed Mental Health Condition: _____

Depression / Anxiety: _____

Panic Attacks / Social Phobia: _____

Current Stress Level (1 being mild to 10 being extreme) 1 2 3 4 5 6 7 8 9 10

Medications or supplements: _____

I understand that the Hypnotherapy treatments received are being provided by a fully qualified therapist. If I experience any pain or discomfort physically or emotionally during the treatment I will immediately inform the therapist so that treatment may be adjusted accordingly. I also understand that the treatment should not be considered a substitute for medical examination or diagnosis. I understand that the therapist is not qualified to diagnosis or treatment of specific mental illness. As hypnotherapy should not be performed if certain conditions exist, I affirm that I have stated all my known medical conditions and medications and have answered all questions honestly. I agree to keep the therapist informed and updated of any changes in my medical conditions at future treatment sessions and understand that there will be no liability on the therapist should I fail to do so.

Name: _____ **Date:** ____ / ____ / ____

Signature: _____

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Just a few more questions to help me get to know you -:

What are you ready to change today?

How would you describe yourself

(eg are you confident / nervous / extrovert / introvert)

Are you religious or do you have belief or faith?

Do you have any fears / phobias or strong dislikes:

What is your favourite colour/s: _____

Describe to me your happy / safe place (eg ocean / forest it could be anywhere):

What makes your heart happy: _____

What is your proudest / happiest memory _____

Conscious memory of any trauma (please only if you feel comfortable to disclose or you believe has relevance to our therapy sessions):

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