Client Information Form

Master Your LIFE Power
Strengthen your life force with clarity and purpose

First Name:	Last Name:
Address:	
Email:	Phone Number:
Date of birth:	Gender: ENTER
How did you hear about us?	Occupation:
Are you on medications? Provide details	

Purpose of your Consultation (please tick any of the following that apply to you):

☐ Weight issues	☐ Sleeping problems	☐ Feeling 'stuck' in your life
☐ Anxiety	☐ Lacking confidence	☐ Difficulty overcoming grief
☐ Depression	☐ Low energy/motivation	☐ Relationship problems
☐ Phobias	☐ Low self-esteem	☐ Self-sabotaging thoughts/behaviours
☐ Career/workplace issues	☐ Bad habits	☐ Trauma/PTSD
☐ Panic Attacks	☐ Other:	

Have you ever seen a Health Care Professional regarding this matter/s? ☐ No ☐ Yes

Are you currently seeing a Health Care Professional regarding this matter/s? ☐ No ☐ Yes

Name of Doctor/s_____

Have you been diagnosed? Provide details_____

NOTE: It may be in your best interest for your Health Care Professional to be advised of your decision to seek our assistance. They will then be in a better position to monitor your progress. If you decide to proceed with our services, we can send them a letter to advise them of the positive step you have taken towards this change in your life.

Privacy

You understand that notes will be taken for client files. Your identity will be kept confidential to the extent provided by law. All information that you give us, including anything that you tell us during your complimentary consultation, and any written or verbal information that you provide to us is confidential. This means that we will not tell or give anyone any information about you without your written permission, unless required to under our duty of disclosure.

Duty of Disclosure

We have a duty of care to disclose information where it is evident that you have, or may cause harm, to yourself or another person; and/or it is revealed that a criminal act under the laws of this country has been committed and/or where there is a legal obligation for us to disclose information, such as a Court Order.

I, (please print)_____, have read, fully understand, and agree to and accept the above statements.

Client or Guardian Signature: _____ Date:_____

Are you currently experiencing or **Have You Ever** experienced any of the following mental health or other issues. ☑

Depression	☐	Schizophrenia	☐
Anxiety	☐	Borderline Personality Disorder	☐
Panic Attacks	☐	Bi-polar Disorder	☐
Nail Biting / Hair Pulling	☐	PTSD	☐
Phobias of any kind	☐	Eating Disorders	☐
Sleep Disorders incl Insomnia & snoring (specify)	☐	Addiction (specify)	☐
Alcohol Dependency	☐	Grief	☐
ADD or ADHD	☐	Obsessive Compulsive Disorder (OCD)	☐
Acute Stress	☐	Trauma	☐
Self-Harm	☐	Other	☐
Migraine Headache	☐		

Other.. _____

Are there any Current Health Issues? Heart Condition ☐ Epilepsy ☐

Are there any other issues relevant to you that are not shown above?

_____

Background history: (List below any illnesses, any accidents, any sort of trauma, anxiety, situations that cause you to feel angry, guilty, sad, unhappy, ashamed, etc. anything that could prevent you from reaching what you have come here to achieve, or may benefit from dealing with separately.

(Please write on back if insufficient space below). If you have brought notes with you, please write: As per attached.

For example things you know about your past might include:

Accidents ☐	Physical Abuse ☐	Bullied at School ☐	Parents Divorced ☐
Psychological Abuse ☐	Sexual Abuse or Rape ☐	Illness (past or present) ☐	Marriage Problems ☐
Fears from past happenings ☐	No love in childhood ☐	Drugs ☐	

Other.. ☐ _____

I understand that NLP & Hypnotherapy are unique processes useful for improving mental and emotional health. I also understand that for a successful outcome to occur the client is required to positively support the process with deliberate conscious decision making. A positive outcome relies not only on a quality practitioner but also on positive proactive support and engagement, on the part of the client.

Name:_____

Signature _____Date:- _____