

Ghita therapy

Ghita Andersen: Hypnotherapy Client Intake & Informed Consent Form

Today's Date ____/____/____

Name: _____ Age: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact Name & Phone: _____

Occupation: _____

How did you hear about Ghita Therapy?

<input type="checkbox"/> Google Ads, Search or Maps	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Doctor Referral

Have you ever been diagnosed with an emotional/ mental disorder by a psychiatrist? () Yes () No

If yes, what was the diagnosis? _____

Are you currently receiving counselling or treatment? () Yes () No

By whom?

Have you been in a GP's care in the past year? () Yes () No Name: _____

Have you ever been hypnotised? () Yes () No Reason:

Do you believe that you were hypnotised? () Yes () No

In general, how did that hypnotherapy go?

Reason for Hypnotherapy today: _____

Previous attempts to address this issue:

Are you receiving medical, pharmaceutical or physiological treatment for this issue? () Yes () No

Have you ever had Heart Disease, Diabetes, Epilepsy, Pain: (Please circle)

Are you currently taking any medications? () Yes () No If yes, what?

Reason for medication:

Is your illness chronic/ long-term? () Yes () No

Is there anything important (relating to your problems) that you need to disclose to the therapist asap?

Do you have any questions about hypnosis?

() Yes () No If yes please state:

PLEASE READ BEFORE SIGNING: TERMS AND CONDITIONS:

My name is Ghita Andersen (Certified Hypnotist). I was trained as a hypnotist through Tad James Company (Australia) and became certified in March, 2021. I also have extensive additional training and certifications in Counselling, NLP and Family Dispute Mediation. Please refer to credentials listed on my website: www.ghitaandersen.com

REQUIRED NOTICE & DISCLAIMER: I am neither a physician nor a licensed health care provider and may not provide a medical diagnosis nor recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis or any other type of treatment from a different practitioner, the client may seek such services at any time.

HYPNOSIS APPROACH: I believe that individuals have the right to choose or practice alternative or complementary self-improvement services. Hypnosis is safe and non-invasive. The services I render are held out to the public as a form of motivational coaching and education, combined with instruction in self-hypnosis. I use hypnosis to motivate clients, to eliminate negative or unwanted habits, facilitate the learning process, improve memory and concentration, develop self-confidence, eliminate phobias and anxiety, better sleep, reduce/manage stress, focus on positive thoughts and desired outcomes. In general, I help people cope with the normal problems of everyday living by utilising various techniques of hypnosis, progressive relaxation and visualisation. Most hypnosis is of a non-medical nature.

MEDICAL DISCLOSURE: I understand that I must disclose all medical issues before attempting hypnotherapy and have a referral letter from my GP for any pain control.

HYPNOSIS IS NOT A SUBSTITUTE FOR PSYCHIATRIC TREATMENTS: Hypnosis is not meant to be a substitute for professional counseling or psychotherapy. If you have more serious mental health problems, please consult a psychiatrist or a psychologist.

Despite research to the contrary, by law I may make no health benefit claims for my services. However, hypnosis does reduce stress, which is a beneficial adjunct for many medical and mental health disorders. Relaxation techniques can be learned which can reduce discomfort and improve certain health issues. I believe that thoughts and attitudes can influence how we feel and that hypnosis can help you change habits, focus on the positive, and visualise a state of wellness.

In the event my services are terminated by a client, the client has a right to coordinate transfer of services to another practitioner. A client has the right to refuse hypnosis services at any time.

NO GUARANTEE AND REFUND POLICY: No guarantees as to the effectiveness of hypnosis for your particular problem are made or implied, as it is impossible to guarantee human behaviour or compliance. Therefore, no refunds for services are given once the process has begun. Hypnosis is not a quick fix or magic pill. A hypnotist is considered a guide or facilitator. You assume equal responsibility by making a commitment and allowing yourself to be guided into a state of hypnosis. No one can make you do something against your true will.

FEES & PAYMENT: Payment is due in full at the time of booking by Internet Banking or Paypal. Fees are subject to periodic review and change. No refunds will be given for unused prepaid sessions. All prepaid sessions are non-transferrable and will expire after 12 months.

24 HOUR CANCELLATION POLICY: Short Notice Cancellations and No Shows: Cancellation (with less than 24 hours notice) and No Shows are charged at Full Fee because: Appointments cannot be filled at short notice and hypnotherapy sessions take up three hours of a therapist's diary time as scripts are written specifically for each client; therefore appointments cannot be filled at short notice. [24 Hour Cancellation Policy is stated in the booking SMS](#) and on this contract which clients have read and signed. Ghita Therapy DOES NOT OFFER REFUNDS with less than 24 hours notice and clients are given a reminder the day before with time to cancel: <http://www.ghitaandersen.com/cancellation-policy.html>

CONFIDENTIALITY: Confidentiality is maintained for clients as far as possible. However, when a person is believed to be at risk of serious harm, or someone admits to planning a criminal offence, confidentiality must be waived under a duty of care (Qld Mandatory Reporting). Furthermore, I can read about my rights online at: <http://www.ghitaandersen.com/client-confidentiality.html>

MINORS: Appointments for children under age 14 require written consent from the parent or guardian, who must accompany them at each visit.

I HAVE READ THE TERMS AND CONDITIONS. I fully understand what I have read and agree to the TERMS AND CONDITIONS above. I understand that as a client I have the right to be treated ethically as stipulated by professional hypnotherapy board guidelines and have a right to a copy of this form.

Signed/ Parent or Guardian: _____

Date ____/____/____