SV Counselling Services/ Newcastle Hypnotherapy
Client Intake Form

(Use reverse of form to provide details if necessary)

Name:			
Street:			
Suburb:			
Postcode:		Date of birth:	
Medicare No:		*Expiry date:*	
Pension No:		*Expiry date:*	
Home phone no:		Mobile phone no:	
Email address:			
Occupation:			
Emergency Contact details:			

Referral details

GP Name and Provider No			
GP Address			
GP Phone		Referral Date	

Please describe the issues that brought you here	
Please provide details of any medical issues/illnesses	
List current medications for depression / anxiety, etc	
If you have had counselling before, please provide brief details	

Level 6, 456-460 Hunter St, Newcastle, NSW, 2300
T 0421 861 734 **F** 02 4942 3741 **E** sue@svcounselling.com.au

SV Counselling Services/ Newcastle Hypnotherapy
Client Intake Form

How did you find out about this Practice?

_____

This section is for clients attending for hypnosis:

If you were to close your eyes, could you visualize an image or scene if it was described to you?

Yes _____ No _____

Have you ever been hypnotized before? Yes _____ No _____

If yes, by whom? _____

Do you believe you were hypnotized? _____

Why/why not? _____

In general, how did it go for you? _____

_____

Reason you have come here

_____

_____

_____

When and under what circumstances did this issue begin?

_____

_____

_____

How has this affected your life?

_____

_____

Has it ever been different? How?

_____

_____

_____

What specifically about your issue is leading you to seek help NOW?

_____

_____

_____

Level 6, 456-460 Hunter St, Newcastle, NSW, 2300
T 0421 861 734 **F** 02 4942 3741 **E** sue@svcounselling.com.au

SV Counselling Services/ Newcastle Hypnotherapy
Client Intake Form

Do you associate any of these emotions with your issue?

Abandonment ____ Anger_____ Anxiety____ Boredom____ Depression____

Embarrassment____ Fear____ Frustration____ Grief____ Happiness____

Loneliness____ Loss____ Relaxation____ Sadness____ Shame____

Others_____

Please list at least SEVEN benefits that you would receive by making the change/s that you have come here to work on:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

I acknowledge that the above details and other information I provide during my treatment will remain confidential, unless my therapist believes there is a clear risk to the safety of myself or others.

I acknowledge that a Cancellation Charge is payable if I give less than 24 hours notice of cancellation. This Charge is equal to 50% of the Consultation Fee, and must be paid prior to my next appointment.

Signature _____ Date _____

Level 6, 456-460 Hunter St, Newcastle, NSW, 2300
T 0421 861 734 **F** 02 4942 3741 **E** sue@svcounselling.com.au