

SV Counselling Services Client Intake Form

(Use reverse of form to provide details if necessary)

Name:			
Street:			
Suburb:			
Postcode:		Date of birth:	
Medicare No:		<i>Expiry date:</i>	
Pension No:		<i>Expiry date:</i>	
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	
How were you recommended if not by your GP?	

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The following sections are for clients attending for hypnotherapy

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

Yes _____ No _____

Have you ever been hypnotised before? Yes _____ No _____

If yes, by whom? _____

Do you believe that you were hypnotised? _____ Why? _____

Generally, how did it go for you?

Reason you have come for hypnosis

When and under what circumstances did this issue begin?

How has this affected your life?

Has it ever been different?

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

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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 _____ Guilt _____

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 Sue Vandenberg 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 _____