

Client Questionnaire

Please do your best you can to answer all of the following questions.

First Name:

Family Name:

Street Address:

Suburb:

State:

Post Code:

Phone:

Email Address:

Occupation:

Are you currently seeing a psychiatrist or any other health practitioner?

If yes please provide their details:

Name:

Contact Phone Number:

Please briefly describe the issues you wish to address with Karen:

Medications:

Are you currently experiencing / have ever experienced any of the following mental health Issues:

Depression

Schizophrenia

Anxiety

Borderline Personality Disorder

Bi-polar Disorder

PTSD

Phobias of any kind

Eating Disorders

Sleep Disorders

Agoraphobia

Alcohol Dependency

Smoking Addiction

ADD or ADHD

Grief

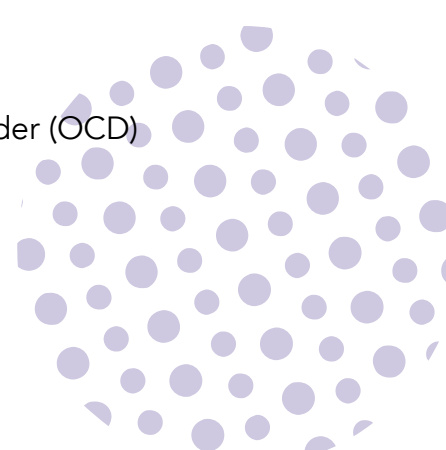
Acute Stress

Obsessive Compulsive Disorder (OCD)

Self-Harm

Trauma

If you have experienced psychosis please include it here:



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

Any other health issues? Please provide brief details:

Relationship Status

Number of children:

Ages of children:

Number of siblings:

What number are you?

Fears and phobias

Claustrophobia

Lifts

Water

What did you find out about Effective Trauma Therapy?

Referral

Newspaper

Website

Facebook

Brochure

PLEASE READ AND SIGN

I understand that Hypnotherapy is a unique process 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, engagement, on the part of the client.

I understand that having Private Consultations – in person, by telephone, or online – with Karen Corbett, using Havening, EFT (Emotional Freedom Techniques) and/or The Richards Trauma Process (TRTP), is not - and is not intended to be - a substitute for medical and/or psychological diagnosis and treatment.

I also understand that practitioners of these techniques do not diagnose conditions or interfere with the treatment of a licensed medical professional.

This therapy service is confidential, and I will not discuss anything about you outside of the therapy without your explicit agreement, except in exceptional circumstances. For example, I would have a duty to inform your GP if I was concerned that there was a serious risk of harm to yourself or others.

I agree that even if I notice dramatic improvements as a result of consultations with Karen Corbett, I will not cease any medically prescribed treatment without first consulting my licensed medical or health care professional.

I hereby waive any and all claim of liability against Karen Corbett.

Signature:

Date:

Emergency Contact

Please provide their details:

Name:

Contact Phone Number:

Please write anything else that is relevant to your treatment here:

