

PRIVATE AND CONFIDENTIAL

Consent Form

Please answer the questions below and return this form to GC Hypnotherapy:

<b>Client's name:</b>
<b>Date:</b>
<b>Address:</b>
<b>Contact Telephone Number:</b>
<b>Age:</b>
<b>Marital status:</b>
<b>No. of children:</b>
<b>Hobbies/interests:</b>
<b>Occupation:</b>
<b>Symptoms:</b>
<b>Duration of symptoms:</b>

Phone: 0477 650 000  
Email: [jade@gchypnotherapy.com.au](mailto:jade@gchypnotherapy.com.au)  
Web: [www.gchypnotherapy.com.au](http://www.gchypnotherapy.com.au)  
Address: The Sanctuary Cove Country Club  
Treatment Room 3  
1 Gleneagles Drive  
Sanctuary Cove QLD 4212



<b>Previous treatment for this problem:</b>
<b>Fears and phobias:</b>
<b>Compulsive habits:</b>
<b>Do you suffer from asthma or allergies?</b>
<b>Have you ever suffered from depression?</b>
<b>Have you suffered from epilepsy in the last two years?</b>
<b>Have you ever had treatment from a psychologist/psychiatrist/therapist ?</b>
<b>If yes please provide details:</b>
<b>Have you been hypnotised before?</b>
<b>Where did you hear of this practice?</b>
<input type="checkbox"/> <b>Country Club Advertising</b> <input type="checkbox"/> <b>Website</b> <input type="checkbox"/> <b>Local Mail Flyers</b>
<input type="checkbox"/> <b>Friends/Family</b> <input type="checkbox"/> <b>Google Search</b> <input type="checkbox"/> <b>Other (Please state):</b>

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<b>Current state of health:</b>
<b>Are you currently taking any drugs/medication:</b>
<b>Details of any major operations:</b>
<b>Doctor's name and address:</b>
<b>Consent to hypnosis:</b>
Signature:
Name (Printed):
Date:

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