

Private and Confidential - Personal History Questionnaire

Name Birth Date/...../..... Age

Address Suburb Post Code

Home Ph Mobile

Email Address

Occupation What are you good at?

What hobbies or enjoyable pastimes do you have?

What are your skills and talents?

Contact In Case of Emergency Mobile

Do you suffer from any of the following conditions? If so please tick the appropriate ones.

Anxiety	<input type="checkbox"/>	Eating Disorders	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Drug Dependence	<input type="checkbox"/>
Performance Anxiety	<input type="checkbox"/>	Addictive Behaviour	<input type="checkbox"/>	Dissociative Identity Disorder	<input type="checkbox"/>	Irritable Bowel Syndrome	<input type="checkbox"/>	High or Low Blood Pressure	<input type="checkbox"/>
Obsessions	<input type="checkbox"/>	Stomach Ulcers	<input type="checkbox"/>	Psychosis	<input type="checkbox"/>	Indigestion	<input type="checkbox"/>	Pain	<input type="checkbox"/>
Phobias	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Hypoglycaemia	<input type="checkbox"/>	Headaches	<input type="checkbox"/>
Panic Attacks	<input type="checkbox"/>	Nightmares	<input type="checkbox"/>	Schizophrenia	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Migraine	<input type="checkbox"/>

Have you ever been diagnosed with Dissociative Identity Disorder (Multiple Personalities)? Yes / No.

Have you ever been diagnosed with Psychosis, Epilepsy or Schizophrenia? Yes / No.

(Provide details if applicable)

All Current Medications

Medications are for? Do you smoke? Yes / No. How many a day?

Have you ever experienced hypnosis? Yes / No. How long ago? Performed By

Have you ever experienced: meditation / yoga / drug altered states (circle if applicable)

Have you ever had group therapy or psychological counselling? Yes / No. If so, how long ago?

Name of Therapist Primary purpose?

Aspects of yourself / behaviour you wish to change through counselling / hypnotherapy / psychotherapy?

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Who referred you? / How did you hear of this service?

Do you Private Health Insurance? Yes / No. If Yes, which fund?

Signed: **Date:**

Counselling, Hypnotherapy and Psychotherapy Consent Form

Hypnotherapy / Counselling Services: In order to provide the best support possible to you, Thinkshift will need to collect and record personal information, manually and electronically, during each session. The information will be used to set goals and to monitor progress which may be relevant for future sessions. Paper information will be stored in a locked filing cabinet and electronic information under password protected software.

Access: You may access the material in your file upon request in writing at any time.

Confidentiality: All personal information gathered by the Counselling, Coaching and Hypnotherapy practitioners during the provision of the services will remain confidential and secure except when: it is subpoenaed by a court, or failure to disclose the information would place you and another person at risk, or your prior approval has been obtained to: provide a written report to another professional or agency, e.g. a GP or a solicitor, or discuss the material with another person, e.g. a partner, parent or employer. To ensure that you receive the best possible care, details of your case may be discussed with the practitioner's supervisor in confidential terms. During these discussions your identity will not be revealed.

Fees: An initial consultation 90 minutes, the charge is on special \$225. Follow up sessions are 75 minutes duration and cost \$225. Fees are payable at the end of each session by cash, EFTPOS, Visa or MasterCard. If more than 90 minutes is required, the client may be charged for the extra time at a portion of the hourly rate of \$225 per hour.

Bundled Packages: A discount is offered for bundled packages paid at the end of the 1st session, please note with bundled packages no refunds payable, however, a session can be transferred to a family member.

- 3 sessions - saves \$76 (12.8% discount) - total cost is \$518 (\$172.67 per session)
- 4 sessions - saves \$122 (15.4% discount) - total cost is \$670 (\$167.50 per session)
- 5 sessions - saves \$176 (17.8% discount) - total cost is \$814 (\$162.80 per session)

Authority to Charge a Credit Card: I authorise the charging of consultation fees directly to my nominated credit card as detailed. **If for some reason you need to cancel or postpone an appointment, 24 hours' notice would be appreciated, failure to do so will incur a cancellation fee of \$198.** I authorise the charging of consultation fees directly to my nominated credit card as detailed here: Visa MasterCard (tick the card preference)

Name On The Card	Signed	Date																																	
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Thinkshift Pty Ltd practitioners and Andrew Reay abide by the charters of the Australian Counselling Association (MACA-8312-Level 4), Australian Society of Clinical Hypnotherapists (ASCH-1547N), Australian Association of Clinical Hypnotherapy & Psychotherapy (AACHP-2003094), Psychotherapy & Counselling Federation of Australia (Reg # 23841) and the Eye Movement Desensitization Reprocessing Association of Australia (EMDRAA). Here are some of the key points:

- You will receive a clear explanation of the service you will receive
- You will be treated with respect
- Your consent for any service will be sought by Andrew Reay prior to the service commencing and as it progresses
- You will receive an explanation about the nature and limits of confidentiality at Thinkshift Pty Ltd
- You will receive competent an professional service
- You will receive a clear statement about fees
- You will be clear about outcome that you and Andrew Reay are working towards
- You will be shown respect for your cultural background, gender and religion

I, (print your name)..... , have read and understood the above consent form. I agree to these conditions for Psychotherapy and Hypnotherapy provided by Thinkshift Pty Ltd.

Signed **Date:** / / 20 **TO - To complete Client History Form**