

TwoMinds Hypnotherapy Perth

Disclosure and Consent Form

Practitioner Name: PAULINE ONG

Client Name: _____

WAIVER OF LIABILITY: By their signature below, the above named client voluntarily agrees by their own free will and desire to be the subject of a Hypnotherapy session and accepts full responsibility for any and all injury arising from the Hypnotherapy session. The client shall hold harmless all parties involved in the Hypnotherapy session.

SOUND MENTAL HEALTH ACKNOWLEDGEMENT: The client has FULLY DISCLOSED to the practitioner any mental health issues they may presently have or had been diagnosed in the past and/or any pharmaceutical medications or other professional treatments they have used in the past or are presently using.

DISCLAIMER: THE CLIENT UNDERSTANDS THAT THE HYPNOTHERAPIST MAY BE NEITHER A TRAINED PSYCHOLOGIST NOR A MEDICAL DOCTOR. At no time will the Hypnotherapist attempt to provide medical or mental health therapy. The client affirms that Hypnotherapy is appropriate for them and does not conflict with existing medical or psychiatric treatment. Always follow the advice of your physician or other professional medical practitioner.

WARRANTY: No warranty is given, expressed or implied, for satisfactory results from the Hypnotherapy/Counselling session.

METHODS USED: The Hypnotherapist employs Hypnotherapy, Energetic Hypnosis, Rapid Transformational Therapy (RTT), Regression, Counselling, NLP and other Behaviour Modification Techniques and Relaxation techniques and/or a combination to facilitate the client's quest for self-improvement.

Full Name: _____

Signature: _____

Date: _____