

Opening new doorways into your future

True Essence™
THERAPY SERVICES

Letting go of the past

4 Luckens Rd, West Harbour
Cnr Hobsonville Rd and Luckens Rd
Auckland
therapy@trueessence.co.nz
0800 377 363

PERSONAL DETAILS AND HISTORY

Name (full legal name)			
Preferred name (if different)			
Date of Birth			
Address			
Contact (at least one)	Home:	Mobile:	Work:
Email			

EXPERIENCE AND EXPECTATIONS

Are you here of your own choice?	
What is your purpose for seeking therapy?	
How long have you had this issue?	
What made you decide to seek therapy now?	
Have you experienced relaxation exercises ie hypnosis, meditation, yoga before?	
What do you wish to gain / achieve from these sessions? What are your expectations?	
Is there anything or anyone you can think of that could influence the achievement of your goals?	
What is the overall feeling you experience in any given day?	
In your own words, please share your thoughts about hypnosis / hypnotherapy?	

PAST AND CURRENT THERAPY HISTORY

Have you had or are you still having any other form of therapy / counseling / alternative treatment?

Therapy type and name of therapist	Details (When? Issue? Frequency? If stopped, Why?)

PERSONAL HEALTH HISTORY

How has your health been throughout your life?	Excellent / Good / OK / Manageable / Tough / Not good / etc
Physical health	
Emotional health	
Mental health	
Spiritual health	

MEDICAL AND HEALTH CARE HISTORY

Health Problems (Have you been diagnosed with any specific health or mental conditions?)	Diagnosed?	When?
	Yes / No	
	Yes / No	

Have you been admitted into hospital, institution or care previously? Yes / No (If yes, please outline briefly)

Hospital / Institution / Care	Diagnosis	When? Duration?

MEDICATION DETAILS

Please include all natural or pharmaceutical, prescribed or over-the-counter medications (inclusive of any drugs, prescribed or recreational) and/or supplements.

Name / Type	Strength / Dosage	Frequency Taken

ADDITIONAL INFORMATION

Is there any additional information you think I should be aware of before we proceed?

How did you hear about me? _____

TERMS AND CONDITIONS

**IMP: Please read through this carefully. A copy of this document will be provided for you.
You are encouraged to discuss any details with your therapist prior to starting your first session.**

The client (I): _____ Signature: _____

The therapist: _____ Signature: _____

Clinic: _____ Date: _____

I hereby confirm that:

INFORMATION AND RESPONSIBILITIES

- the information provided in the 'Personal Details and History' form is accurate and true; and
- that nothing has been withheld that might compromise the therapist, or my progress in this course of therapy.
- I understand that the focus is to empower me for change towards achieving a more fulfilling way of being by helping me to recognise and harness my innate abilities and potential; through the letting go of unnecessary patterns.
- I understand that this course of therapy is *not* offered as a healing or cure. It is a process to help me regain my responsibilities and empower me for my evolving life choices and decisions.
- I am aware that I am responsible for my personal wellbeing and that I will make contact for clarification or support if any questions, concerns or issues arise before, during and after the course of therapy.
- It is my responsibility to ensure that I understand this document fully before agreeing to proceed with a session.
- I understand that I am to continue any prescribed medications as advised by my family doctor (GP) and that I will not change any prescribed medications unless I do so with the consultation of my GP.
- I will consult with the therapist first and foremost, about my course of therapy or any matters arising from it.
- I will attend all scheduled appointments and if unable to do so, I will contact to cancel or reschedule.
- I understand that cancellations made with less than 24 hours notice will incur a part charge of the full session, while failure to attend a scheduled appointment will be charged in full. I agree to this.
- I understand that the therapist reserves the right to not provide therapy for me or to end a session based on the therapist's professional view that 1. there are specific needs that may not be able to be provided for. 2. the client may not be ready or suited to the proposed form of therapy intervention / focus. 3. there may be aspects that could affect the safe and effective delivery of service.
- The therapist aims to provide a safe and professional service in the interest of my wellbeing, ***with my participation***. In order to do so, the therapist may from time to time have to discuss aspects of my case with her supervisor or team while maintaining her responsibilities of confidentiality and privacy. I will not be identified.

COURSE OF THERAPY

- The therapist will explain and outline the process of the therapy and possible developments that I may experience prior to the session.
- Only with my agreement will we proceed into a full session, upon which, I will commit to participate fully in this course of therapy and to complete the exercises set for me by the therapist at the end of each session.

CONFIDENTIALITY

- I understand that my sessions are fully confidential, and my files kept according to the Privacy Act regulations. There are certain exceptions where the therapist may be required to release my information and breach confidentiality ie. by court order or when my and/or the safety of others is considered.
- By signing this, I agree to have my details recorded in the True Essence database and to receive correspondence from Pauline Kam. I can opt to stop this at anytime by emailing therapy@trueessence.co.nz or phoning 0800 377 363.
- I have read and understand this *Terms and Conditions*.
- _____