Client Services Agreement, Consent & Assessment Form

Section 1: Client Basics **Date:**

Full Name:

Address:

Date of Birth/Age:

Mobile:

Email:

Occupation:

Emergency Contact (Name & Number):

How did you hear about us?

(Word of Mouth, Referral Name, Socials, Website)

Section 2: Health & Medical

- Do you have any diagnosed medical conditions?
  (e.g. asthma, diabetes, epilepsy, high blood pressure, cardiovascular conditions, chronic fatigue, etc)

- Are you currently taking any medications?
  (Please list)

- Do you have any history of mental health challenges?
  (e.g. anxiety, depression, PTSD, etc)

- Are you currently pregnant or trying to become pregnant?
  (If yes, please provide details if comfortable)

- Any recent injuries, surgeries, or illnesses?

- Is there anything else you think I should know about your health or wellbeing?

Section 3: Lifestyle & Daily Habits

- **On a scale of 1–10, how would you rate your current stress level?**
  (1 = Zen master, 10 = On the edge)
  ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

- **On a scale of 1–10, how would you rate your current energy level?**
  (1 = Struggling to get out of bed, 10 = Could run a marathon)
  ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

- Have you ever done Hypnosis, Time Line Therapy or Breathwork before? If yes, please provide details?

- Do you have any experience with meditation, yoga, or other mind-body practices?

- On average, how many hours do you spend sitting each day?
  (e.g. desk job, driving, screen time, etc)

- On average, how many hours of sleep do you get per night?
  (Actual—not ideal! Please be honest)

- How would you describe your sleep quality?
  ☐ Excellent (Always wake up refreshed and recovered)
  ☐ Good (Generally well but on occasion wake up tired)
  ☐ Average (Would prefer to feel better but not zombie-like)
  ☐ Poor (Don't speak to me before coffee)

- On average, how much exercise would you do each week and what kind of exercise?
  ☐ None
  ☐ 1-2 days/week.....
  ☐ 5-7 days/week.....

- Do you take any recreational drugs?

How often do you consume alcohol?

Section 4: Breathing Assessment

- How would you rate your breathing day-to-day?
  ☐ Effortless and relaxed
  ☐ Sometimes shallow/tight
  ☐ Often tense, held, or rapid
  ☐ I don't really notice it

- Do you mostly breathe through your:
  ☐ Nose
  ☐ Mouth
  ☐ Both

Section 5: Intention & Goals

- What are you hoping to achieve or improve?

- Is there anything else you want me to know, or a specific goal for our work together?

- Any previous attempts to address this issue? Results?

- Are you undergoing medical or other treatment for this issue? Are you taking any medications?

- Is there anything else you want me to know, or a specific goal for our work together?

- Please raise any questions you have ?

- **On a scale of 1–10, how ready are you to make changes to your health/wellbeing?**
  (1 = Just curious, 10 = 100% committed)
  ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

- **Section 6: Scope of Services**
  The Practitioner provides hypnotherapy, coaching, NLP techniques, breathwork, relaxation, stress management, health and wellbeing, personal development, behavioural change and emotional reset services. These services are intended to support personal growth, goal achievement, and general wellbeing. They are not medical, psychological, psychiatric, counselling, or crisis intervention services.

  The specific services used during a session will depend on the client's goals and circumstances.

Section 7: Consent, Safety & Agreements

- The Practitioner does not diagnose, treat or cure medical or mental health conditions, prescribe treatment, provide medical advice, or replace the services of qualified healthcare professionals.

- The Client agrees to disclose any physical, psychological, or psychiatric condition that may affect participation in services. The Practitioner reserves the right to refuse, suspend, or refer services where they are considered unsuitable.

- The Client acknowledges that participation is voluntary and that they may decline any technique or terminate a session at any time.

- The Client understands that hypnosis is a state of focused attention and relaxation and that they remain aware and in control throughout the process.

- While many clients experience positive outcomes, the Practitioner makes no guarantees, warranties, or representations regarding specific results.

- The Client acknowledges that all decisions, actions, and changes made as a result of the services remain their sole responsibility.

- The Client agrees not to hold the Practitioner liable for outcomes resulting from personal decisions, actions, or omissions made following participation in services.

- As the client, I understand that my participation and progress depend significantly on my own commitment and willingness to engage in the process.

- The client agrees to take responsibility for my own health and wellbeing, and to communicate if I feel unsafe or unwell at any point.

- Personal information disclosed during sessions will remain confidential except where disclosure is required by law or where there is a serious risk of harm to the Client or another person.

- Any recordings will remain confidential and used only for purposes agreed upon between the Practitioner and Client.

- Clients are requested to provide at least 48 hours notice for cancellations or rescheduling. Late cancellations will incur full fee.

- The Client acknowledges that online services may be affected by technology failures, internet disruptions, or privacy risks beyond the Practitioner's control.

- I give permission for my practitioner/coach to contact my nominated emergency contact in the event of a medical emergency.

- The Practitioner does not provide emergency mental health services. Clients experiencing a crisis or risk of self-harm should contact emergency services, Lifeline, their treating practitioner, or another appropriate support service immediately.

Acknowledgment
The Client has read the Consent, Safety & Agreements.
☐ I agree

The Client understands the information provided and questions have been answered satisfactorily
☐ I agree

The Client voluntarily agrees to participate.
☐ I agree

Client Name & Signature:

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Date: