

# Ash Morse Hypnotherapy

## New Client Information – Confidential

Please print out the following and fill in any information that you deem relevant. \*Denotes required field, however, the more information the better. Once completed, please send via e-mail or post at your earliest convenience and you will be contacted to make a booking:

Postal Address: 28 Nollands Road

Fiddletown, NSW 2159

E-mail: **reidmorse19@hotmail.com**

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### **PERSONAL DETAILS**

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*P/Code: \_\_\_\_\_

\*Phone: (Home) \_\_\_\_\_ \*(Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\*DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ No. of Children (and ages): \_\_\_\_\_

### **\*REASON FOR CONSULTATION**

- |  |  |
|--|--|
| <input type="checkbox"/> Health            | <input type="checkbox"/> Confidence        |
| <input type="checkbox"/> Stress management | <input type="checkbox"/> Weight management |
| <input type="checkbox"/> Addiction         | <input type="checkbox"/> Trauma            |
| <input type="checkbox"/> Phobia            | <input type="checkbox"/> Other             |

If other, please describe. \_\_\_\_\_

\*When did this begin / what do you think caused it? \_\_\_\_\_

How does this affect your life? \_\_\_\_\_

How does this affect the lives of those around you? \_\_\_\_\_

Other related/unrelated conditions: \_\_\_\_\_

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How severe are your current symptoms (score between 1 – 10, ten being extremely severe): \_\_\_\_\_

What previous treatment have you had for this? Any medication? \_\_\_\_\_

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What aggravates it? \_\_\_\_\_

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What makes it better? \_\_\_\_\_

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What do you rate your general health at? (score between 1 – 10, ten being very healthy): \_\_\_\_\_

What do you rate your general energy levels at? (score between 1 – 10, ten being maximum energy levels): \_\_\_\_\_

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Because of the ever increasing body of evidence showing the link between stress and ill health please place a tick beside any of the following that have had an affect on you at some stage and a double tick next to anything that is still adversely affecting you now:

death of spouse –  
divorce –  
marital separation –  
jail term –  
death of close family member –  
personal injury or illness –  
marriage –  
fired from work –  
marital reconciliations –  
retirement –  
family illness –  
pregnancy –  
sex difficulties –  
addition to family –  
change in business –  
financial challenge –  
death of close friend –  
change in career –  
increase in marital arguments –  
loan or mortgage over \$100,000 –  
foreclosure –

change in job responsibilities –  
child leaving home –  
trouble with in-laws –  
outstanding personal achievement –  
change in spouse's work –  
starting or finishing school –  
change in lifestyle –  
change in personal habits –  
trouble with boss –  
change in work conditions –  
change in residence –  
change in school –  
change in recreational habits –  
change in church activities –  
change in social activities –  
change in sleeping habits,  
change in number of family gatherings –  
change in eating habits –  
vacation –  
Christmas season –  
minor violation of the law

**CURRENT HABITS, SUPPLEMENTS & DRUGS**

How many hours do you sleep each night?\_\_\_ You retire at: \_\_\_\_\_ You rise at: \_\_\_\_\_

How many times per week do you exercise? \_\_\_\_\_

What sort of exercise and for how long? \_\_\_\_\_

What are your favourite hobbies or recreational activities? \_\_\_\_\_

How often do you take time for yourself? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ How many per day? \_\_\_\_\_ How long have you smoked? \_\_\_\_\_

Have you smoked in the past? (give details): \_\_\_\_\_

What **drugs** (medical, over the counter or recreational) are you **presently taking**? (include dosage/how often): \_\_\_\_\_

What drugs have you taken frequently in the **past**? \_\_\_\_\_

**DIET**

Please give details of what you eat/drink on an average day.....Tell the truth ☺

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

Junk food: \_\_\_\_\_

Water: \_\_\_\_\_

Tea/Coffee/coke/red bull/soft drinks/juices/energy drinks etc. \_\_\_\_\_

How many glasses of alcohol would you consume during the week? \_\_\_\_\_

How many glasses of alcohol would you consume on the weekend? \_\_\_\_\_

**GOALS OF YOUR HYPNOTHERAPY SESSION(S)**

What are your goals? \_\_\_\_\_

How will you know when you have obtained this? \_\_\_\_\_

## Important Information

Hypnotherapy is not a science but an art-form and the hypnotherapist claims only to act in the capacity of a facilitator rather than an instigator of positive change. All hypnosis is self-hypnosis and although every hypnotherapist works within the limits of their training to the best of their ability, only the individual seeking positive change has the power to bring it to fruition. A hypnotherapist makes no claims to be able to fix another individual. Instead the hypnotherapist has been trained to recognise areas in which an individual might be assisted to improve. A Hypnotherapist cannot and will not force another individual to do, say or think anything that is against their will and value system and seeks only to employ methods for the growth and well being of every client.

Although hypnotherapists working with less complicated issues may claim to be able to bring about substantial changes within one session, some issues may require several sessions depending on how multi-layered they are.

## About The Session

Sessions generally run anywhere from 1-2 hours in length and take place at the Ash Morse Hypnotherapy Clinic in Fiddletown:

28 Nollands Road,  
Fiddletown, NSW 2159

Should the session go slightly overtime, the client will not be charged any extra. The majority of the first session may be taken up with gathering information as to determine the most effective means to move forward. All the client will need to bring is his/herself and the willingness to participate.

If in the first 15 minutes of the session either the client or the hypnotherapist decides that the session will be unsuccessful for any reason, the client will be free to leave without being charged for the session.

## Payment Options – Please circle one of the following:

Fee: \$160 for up to 2 hours

**Cash on the day** is fine and a receipt will be sent to the email or address provided.

**Direct Transfer**- Prior to or within a week following the session:

**Account Name:** Mr Ashley Reid Morse

**Account No:** 598470145

**BSB:** 082 240

For **secure credit card** payments, an email will be sent upon request that will have a step-by-step guide on how to make secure payments via Paypal.

I \_\_\_\_\_ have read and understood the above information.

SIGNED \_\_\_\_\_