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| ***If you are under any other medical, psychiatric or psychological supervision, you are encouraged not to make any changes without first seeking consultation from those professionals.*****DECLARATION****I acknowledge that everything experienced in this practice is not intended to replace orthodox medical treatment, but to be used in conjunction with it. I give consent to enter this process. I accept that I need to commit to 10 weekly sessions for optimum outcome. If I cancel an appointment with less than 48 hours’ notice, I am liable to pay 50% of the full session cost. If I cancel with less than 24 hours’ notice or do not attend my appointment, I am liable to pay the full cost of that session.****I agree to make payment before the start of each session to The Healing Process,****BSB: 313-140 Acct # 12248261****Signed: ……………………………………………………………………….** |
| Date: |
| Name: |
| Date of birth and age: |
| Address:Suburb: Postcode: |
| Home phone:Work phone:Mobile phone: |
| Email address: |
| Occupation: |
| Referred by: |
| Is your blood pressure normal? Yes ☐ No ☐ High ☐ Low ☐Are you pregnant?Please list any current health issues: |

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| Have you ever suffered a mental disorder or disease? (e.g. depression, anxiety). If so, please specify:Any current addictions:Any behaviours that are causing you concern: |
| Is your work and home life nourishing for you? |
| Are you going through any major changes now, or have you done so recently? |
| List current stresses in your life: |
| Are there any long-standing issues? |
| Reason for consultation:What is your immediate desired outcome from the initial consultation?What is your desired outcome from the healing process? |