



Thank you for booking in with me. I am looking forward to working with you!

In order to maximise session time please fill out the information below and -- and make sure to email the signed copy back to me prior to our session. (If in person session is booked, signed document can be brought to first session).

Document can be printed filled out and photographed and returned as jpegs, or a digital signature can be used

Client Intake

Name _____

Date of Birth ____/____/____ Sex M F Other Birth Time (if known): _____

Address _____

City _____ State _____ Post Code _____

Phone _____ Emergency Contact _____

<https://www.christinalavershypnosis.com/>

Email _____

Partner/ Children _____

Employment _____

Title/Duties _____

How did you hear about these sessions?

Intake Questions

1. If not previously discussed, what are the main concerns you would like to address?
2. Are there any big fears or phobias that you are aware of?
3. Do you have any unresolved trauma that you feel impacts your life today?
4. Do you often experience anxiety and or depression (please answer individually and include frequency)

5. Are there any mental or physiological conditions I should be aware of?

6. If 'yes' have you discussed the use of hypnotherapist with your GP or relevant medical practitioner?

7. Have you experienced Hypnosis in the past? If so, what was the outcome?

General Questions:

1. Are there any themes or patterns you are aware of in your life (e.g. never felt understood, always helping others, drawn to toxic relationships, difficulty keeping a job etc)?

2. What are your biggest challenges?

3. What would you like less of and more of in life?

4. What else might be helpful for me to know?

Responsibilities and Liability Release

1. I understand that Christina Lavers is NOT a licensed Physician, NOR is she a licensed Psychiatrist/psychologist and she CANNOT diagnose NOR treat any type of physical or mental disorders.
2. I understand that Christina's form of hypnotherapy and BQH hypnosis is not a substitute for regular health care and I should consult my regular medical doctor or health-care practitioner for treatment of any old, new or existing medical conditions.
3. I understand that change is my own and complete responsibility.
4. I understand that Christina Lavers is only a "facilitator" in the process of helping me to understand and resolve my own problem(s).
5. It is my responsibility to be open and honest, provide accurate feedback and be forthcoming with details and information that may help me achieve my outcomes.
6. I understand I may be assigned "homework" and it is my responsibility to decide whether assignments are right for me or not.
7. I also understand that I am responsible for my results and agree that Christina Lavers assumes NO responsibility for the results of this process, NOR does she guarantee its final outcome or effectiveness.
8. I understand that I may cancel my session up to 24 hours before the session begins. Credit can be used towards another session. I also understand if I fail to provide 24 hours notice a \$50 cancellation fee will be incurred.
9. I understand that credit is valid for 90 days from payment date.

10. I understand that all the information I share in a session is completely confidential and will not be shared with anyone else unless there is a perceived threat or risk to an individual. As a hypnotherapist Christina Lavers is a mandatory reporter. Mandatory reporting: the law requires practitioners report known or suspected cases of abuse, neglect and self-harm. It mainly relates to children, but can also relate to adults if the person involved is living in a residential service, such as psychiatric, aged care, or other government-run facility, as well as situations where a person intends to put their own life at risk.

11. I, for myself, and my heirs, and assignees, agree to full release and discharge, and hold harmless Christina Lavers from and against any and all claims, or liability, of any nature arising out of, or in connection with, my sessions.

12. I certify that I am a competent adult of legal age and I assume all risks and complete responsibility in the final outcome of this personal development work. If I am not an adult of legal age, my parent or guardian will indicate their approval of my receiving this session, and their assumption of all risks.

13. I am also voluntarily signing this consent form with my full legal name. This waiver and acceptance of risk is effective as of today and it can't be revoked, altered, modified, annulled or invalidated, without the prior written consent of Christina Lavers.

14. By signing this document, I acknowledge that I have carefully read and understand all the clauses of this document and I make the commitment to abide by all its clauses. My signature also means that I understand it is my responsibility to request clarification (prior to signing) of any doubts that I may have about this subject.

Client Print full name: _____

Client's Signature _____

Date _____

For in-person sessions my address is:

420 North Island Loop Road, Upper Orara

It can be found after the second bridge, right on the 90 degree corner. Please use second driveway and park in front of the garage.

My Phone number is: 0408222910