CONFIDENTIAL PERSONAL HISTORY QUESTIONNAIRE

Chrissy Ortner: Chrysalis Wellbeing 19 Wright ST, Mt Evelyn, 3796.

Name:

Birth Date: Age:

Address :

Home Ph: Mobile

Email Address :

Occupation & If currently working:

Name of GP:

Address of GP Phone No. GP:

Current Medications (if any)

What hobbies or enjoyable pastimes do you have?

What are your skills and talents?

What are your goals?

Do you suffer from any of the following conditions? If so please tick the appropriate ones.

Anxiety\_ Eating Disorders\_ Epilepsy\_ Fatigue\_ Drug Dependence\_ Performance Anxiety\_

Addictive Behaviour \_ Dissociative Identity Disorder\_ Irritable Bowel Syndrome\_ Suicidal Thoughts \_

High or Low Blood Pressure\_ Obsessions\_ Psychosis\_ Indigestion Pain \_ Phobias \_ Traumatic Memories\_

Insomnia\_ Depression\_ Headaches\_ Panic Attacks\_ Nightmares\_ Diabetes\_ Migraine\_

Have you ever been diagnosed with Dissociative Identity Disorder (Multiple Personalities), Psychosis, Epilepsy or Schizophrenia? Yes / No. (Provide details if applicable)

Do you smoke? How many a day? Main reason for smoking?

Have you attempted to become a non-smoker? When? Therapy Used?

Have you ever experienced hypnosis? If so, how long ago? Performed By:

Have you ever experienced: meditation / yoga / drug altered states ?

Have you ever had group therapy or psychological counselling? When?

Performed By Primary purpose of that therapy?

What aspects of yourself or your behaviour do you wish to change?

Have any events triggered this behaviour?

TERMS & CONDITIONS:

For services provided by Chrissy Ortner. Chrysalis Wellbeing 19 Wright St, Mount Evelyn, 3796.

NOTE: Hypnotist/Hypnotherapist/Practitioner are used interchangeably in the following document.  
  
1) I have been advised by Chrissy Ortner, the scope of hypnosis/hypnotherapy practice and I give my full consent to receiving hypnosis/hypnotherapy sessions with Chrissy Ortner. I understand that results vary and that the above name practitioner may not guarantee results.

Hypnosis/Hypnotherapy is not a replacement for medical treatment, psychological or psychiatric services or counselling. I also understand that the Hypnotist/Hypnotherapist does not treat, prescribe for or diagnose any condition.

2) I understand that the practitioner is a facilitator of hypnosis or hypnotherapy and holds a Certificate 1V in Clinical Hypnotherapy as certified by Career Accelerators and is a member of the AACHP, Australian Association of Clinical Hypnotherapy & Psychotherapy and the International Institute of Complementary Therapists.

3) I am aware and understand that in some cases it may be necessary for the practitioner to respectfully touch my knees, shoulder(s), hand, wrist, or forehead in order to assist me in relaxation. I give the practitioner permission and consent to do so in order to help me establish a beneficial state of hypnosis.

4) I have been advised that I am free to terminate any or all sessions at any time. I have agreed to participate in each session to the best of my ability.

5) I have accurately provided background information as requested by the hypnotherapist.  
6) I understand that confidentially regarding my sessions will be honoured between Chrissy Ortner and me. This same confidentially is respected when working with minors under the age of eighteen.  
  
DISCLOSURE STATEMENT:  
  
CONFIDENTIALITY  
Matters regarding your sessions will be kept confidential except in the following circumstances: You grant me specific permission to release information to a specific individual or agency; child abuse; you are an imminent danger to self or others; or in the case of the subpoena of records. Any information shared is kept confidential.

FEES AND PAYMENTS

Payment is due at the end of each session\*.

\*Weight Loss and Quit Smoking programs are to be paid in a lump sum at the start of the program.

CANCELLATIONS  
Since I have reserved our appointment time for you, it is my policy to charge for cancellations received with less than 12 hours notice unless we are able to reschedule the appointment within the same week.   
  
\* Do you accept the Disclosure Statements listed above?

YES

\* Do you understand and agree to the terms listed above?

YES

Signature: Date:

Parent or Guardian’s Name & Signature if under 18:

 

Chrissy Ortner BA.DipEdPsych.MAACHP