



Inner Alignment
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CLIENT INFORMATION FORM

Strictly Private & Confidential

Please fill this form to the best of your ability and bring it along to your first session

YOUR DETAILS

Full Name Preferred Name

Address

Email Phone (Mob/Landline)

Gender M / F DOB Age Occupation

Emergency Contact Name : Phone No :

Hobbies

Other than standard communication, would you be receptive to receive newsletters and promotions from us ? Y / N

SERVICES SOUGHT *(Tick applicable)*

Hypnotherapy / NLP Energy Healing Not sure at this point

If you are seeking only Hypnotherapy/NLP services, would you still be receptive to receiving Energy Healing during, where deemed necessary Y / N

ABOUT YOUR HEALTH

• Have you been diagnosed with any Mental / Psychological Disorders, Post Traumatic Disorders, etc ? Y / N

If so please indicate : _____

• Are you currently or have you been under the care of a Psychologist / Psychiatrist ? Y / N

• Have you ever had Brain surgery or suffered any Brain Injury, Head Trauma or related injuries ? Y / N

If so please indicate : _____

- Describe any phobias, or particular fears you may have :

Are you currently taking medication(s) or supplements prescribed by your GP or health Specialist? If yes, please list medication and reason for prescription:

Y / N

Name of GP : _____

Address : _____

Phone Number : _____

Do you smoke ? If yes, since when and how many cigarettes a day : _____

Do you drink alcohol ? If yes, how often : _____

THE REASON YOU ARE SEEING US

What is the nature of the issue(s) that you are seeing us about ?

How long have you noticed this as an issue?

On a scale of 1 to 10 how has this affected your life?

What other avenues have you explored to overcoming this issue ?

What do you want to achieve or want as an outcome from your sessions with us ?

What concerns (if any) do you have on letting go of the issue or this treatment?

Have you been Hypnotised before ?	Y / N	Have you had Energy Healing before ?	Y / N
If yes, when & please provide details on the reason and what you achieved from it :		If yes, when & please provide details on the reason and what you achieved from it :	

YOUR ACKNOWLEDGEMENT & CONSENT

Sometimes during hypnotherapy we might touch you lightly on the hands, shoulders or head. Are you happy for this to happen?	Y / N
Energy Healing is a hands on modality, where the Practitioner will lay their hands on you, naturally taking the due care and respect with regards your own person and privacy. Are you happy for this to happen?	Y / N
You might be required to work on tasks between sessions for the best outcome. Are you happy to take a little extra time to get the best possible outcome?	Y / N
You will commit yourself physically, mentally and emotionally to the process involved ?	Y / N
We may have professional need to communicate with your GP or referral source. Do you give permission for us to contact your GP, managing practitioner or referral source if required?	Y / N

Please Read Thoroughly ;

We'll aim to get progress and shifts on your desired outcomes within the first session, however because of the number of variable factors that could be related to this, some people may require more than one or a few sessions.

We do not, nor are we qualified to diagnose ailments, conditions or medical issues. While clients we have worked with have indeed received benefits, we do not claim these modalities to be a definitive cure for ailments, conditions etc. of individuals. These modalities are intended to serve as complimentary to whatever treatment or care one is currently receiving or undergoing.

Regardless of the outcome of these sessions or benefits received, we highly recommend that any decision to alter existing treatment, care or medication be done only upon due consultation with a medical professional / related therapeutical consultants.

Our Energy Healing therapy works within one's energy field and employs a combination of energy flow of Life Energy around us and Divine / Spiritual Energy channelled through the Practitioner.

The effects experienced by one during and following such a session can range from dramatic or very subtle or non apparent and the experience will vary from individual to individual. With Energy Healing, the participants will typically receive what they need to get & also dependent on where they are at with regards their energy vibrational levels, how receptive their body is to energy work and their spiritual journey.

One important consideration here is that, with the natural order of healing and transformation, any ailments, conditions, etc. that the individual suffers from, may & can in fact be aggravated and get worse before any improvement is seen.

I, _____, having read, understood and acknowledged the above, hereby give my consent to as stated above.

Your Signature :
(Or Parent / Guardian)

Date :