inTranceTherapy

TRANCEFORM YOUR LIFE

CLIENT INTAKE FORM – CHILDREN / TEENAGERS UNDER 18

PERSONAL INFORMATION

I *[insert name below]*

am the legal parent/guardian of *[insert full name of child below]*

Date of Birth of Child

Preferred Contact Number

Email

Address

Does your child have any hobbies or interests?

HISTORY

1. Is your child currently taking any medication?

☐ Yes ☐ No

2. Is your child currently under the care of another therapist?

☐ Yes ☐ No

3. Has your child ever been diagnosed with a mental illness?

☐ Yes ☐ No

4. Has your child ever had Hypnotherapy before?

☐ Yes ☐ No

5. What are you expecting we can help your child with?

6. On a scale of 1 to 10, how eager is your child to make change to their situation right now?(Where 10 is extremely eager and 1 is not eager at all). *Mark one*.

1 2 3 4 5 6 7 8 9 10

7. How would you describe their quality of sleep?

- ☐ Excellent
- ☐ Good
- ☐ Terrible
- ☐ I don't know
- ☐ Average
- ☐ Poor
- ☐ It varies

8. Please list, if any, your child's allergies:

9. How is your child's general physical health?

- ☐ Good
- ☐ Average
- ☐ Poor

10. How is your child's mental health?

- ☐ Good
- ☐ Average
- ☐ Poor

11. How is your child's emotional health?

- ☐ Good
- ☐ Average
- ☐ Poor

12. Has your child ever suffered from any of the following:

- ☐ Depression
- ☐ Anger Management
- ☐ Bipolar Disorders
- ☐ Anxiety
- ☐ Eating Disorders
- ☐ Schizophrenia
- ☐ Social Anxiety
- ☐ Addictions
- ☐ Personality Disorder
- ☐ Phobias
- ☐ Compulsive Disorders
- ☐ Other diagnosed
- ☐ Chronic Insomnia
- ☐ Chronic Pain
- ☐ None of the above

If other, please provide details:

MEDICAL DISCLOSURE

The therapy we provide at inTrance Therapy does not replace or is in any way a substitute for proper medical care from a qualified health care practitioner.

Please accept this disclosure to proceed with treatment:

☐ Yes, I accept Clinical Hypnotherapy & Strategic Psychotherapy is not a substitute for proper medical care.

I have pursued with my child all reasonable medical avenues to deal with the presenting issue, and have been informed by my medical practitioner that it is not a physical but a psychosomatic issue:

☐ I agree ☐ Not applicable ☐ I disagree because:

I also recognise that inTrance Therapy will use Hypnosis as part of the treatment plan, and that I am seeking alternative/non-medical treatment for my child that may not be supported or endorsed by some established medical practice.

☐ I agree ☐ I disagree

I understand that it is my responsibility to make any medical practitioner/therapist, that my child is currently under the care of, aware that we are undertaking this alternative/non-medical treatment.

☐ I agree ☐ I disagree

Health fund rebates vary between funds and levels of cover. Additionally, changes in policy with regards to your cover can occur at any time. We cannot tell you if your particular health fund/health insurance policy will cover your Clinical Hypnotherapy/Strategic Psychotherapy Sessions.

☐ Yes, I accept that I will need to do my own research into my health funds coverage.

CONFIDENTIALITY

Everything you or your child say in clinic will be kept confidential. The circumstances only change if subpoenaed by the Court or the Client poses a risk to themselves or discloses a risk to others or omission of intent to commit or committing a serious crime.

☐ Yes, I understand that our information is kept confidential except the circumstances mentioned above.

Clinical Notes are kept by inTrance Therapy for a period of 7 years. They will only be released by request of the client or subpoenaed by the Court. Records are kept electronically as password encrypted files or physically in a locked filing cabinet.

☐ Yes I am aware of the Record Keeping Requirements

At inTrance Therapy the use of online technology such as Zoom Online Video Calls pose a risk to confidentiality. All though the risk is low if using online platforms to conduct online sessions you are agreeing to the risk.

☐ Yes, I agree the risk associated with confidentiality and Zoom

☐ No, I disagree

CLIENT DECLARATION

I acknowledge that unless I give 24 hours' notice of a session cancellation I may be charged in full.

☐ Yes, I understand I need to give 24 hours' notice not to incur fees

I have read and understood the information provided to me in this document and understand that any sessions with inTrance Therapy will be designed and structured on the information supplied in this intake form.

☐ Yes, I understand

Please contact InTrance Therapy with any questions if you DO NOT feel comfortable signing the consent form before you proceed.

As a Mandatory Reporter inTrance Therapy is obliged by law to report to the authorities if we have reasonable concern for the safety of client or others as well as being informed with an omission of an intent to commit a serious crime.

☐ Yes, I understand the requirements of inTrance Therapy as a Mandatory Reporter.

In Hypnosis your child will be in control and completely aware of it's surroundings and what your child takes on board. The style is a modern of Ericksonian hypnosis that gives options instead of traditional directive hypnosis.

I consent to Hypnosis:

☐ YES

☐ NO

Your signature at the end of this form indicates that you have read this document, that you have provided true and factual information therein and agree to the terms for all therapies provided by inTrance Therapy and its qualified therapist.

HOW DID YOU FIND OUT ABOUT INTRANCE THERAPY?

- ☐ Word of Mouth
- ☐ Google
- ☐ Doctor's Referral
- ☐ Other Therapist
- ☐ Instagram
- ☐ Facebook
- ☐ LinkedIn
- ☐ Other
- ☐ If other please describe:

Would you like to keep in contact with inTrance Therapy to be kept informed of workshops, events, information updates that would support and reinforce the work you do in your session here at InTrance Therapy.

☐ Yes ☐ No

ANYTHING ADDITIONAL YOU WOULD LIKE TO ADD:

Signature / Today's date

Please complete your **inTrance Therapy client intake form** 72 hours before your session and send it to: **Stephanie@inTrance.com.au**. It will ensure that you and your child will get the most out of your session time.

Thank you!