

The provision of **Clinical Hypnotherapy & NLP, Counselling, Healing the Inner Child, Reiki Healing, Past Life Regression and Between Lives Spiritual Regression and Mindfulness and Relaxation** services entails the collections and recordings of personal information relevant to the clients current situation, where we will engage in a form of **Psychological or Hypnosis, Counselling or Energy Healing Therapy** that will offer you a chance to make healthy changes.

**AGREEMENT:** This is an agreement between **Dean Galati, Practitioner** and \_\_\_\_\_, **the Client.**

**FEES / PAYMENT:** Clinical Hypnotherapy, NLP and EMDR is \$185 for 1.5 hours / Reiki is \$150 for 1.5 hours / Counselling is \$150 for 60 minutes. Past Life Regression is \$350 for 4.5 hours / Between Lives Spiritual Regression is \$450 for 5 hours.

**CONFIDENTIALITY:** This information is a necessary part of your assessment and treatment protocol. The information we do store includes: Personal and background information that might be relevant to the therapy process; this signed consent form and confidential case notes (describing the main focus of the session with any important information). If you have booked sessions, then no one apart from the practitioner would know you have attended or what was discussed. If you feel that someone may need to know information about your sessions then you can make this clear to the **Practitioner** at the beginning of the sessions. For example, if you have been referred to us by another party, it may be in your interest to have this liaison. As part of my professional standard, from time to time I may need to share and discuss some of the information in our sessions with a qualified supervisor of my ASCH Association, always under a strict confidential and professional framework. The clients identity is always kept anonymous. We are not able to provide in-depth reports on the sessions or give opinions or diagnosis. Any information gathered, recorded and filed is available upon request by the client. Written permission to refer and share information is needed by the client to be cross referenced, and/or discussed, with another Health Care Provider, another professional or agency, a GP, Parent, other therapists or a solicitor if deemed necessary.

**CONFIDENTIALITY EXCEPTIONS:** In certain circumstances, the **Practitioner** may have to make exceptions to the general rules of confidentiality:

1. If the **Practitioner** thinks there is a serious risk of harm to the client or others, securing the safety of individuals in a crisis situation. Where the **Practitioner** cannot contact you but suspects you are in danger. For example, if you had not been seen for several days and colleagues and friends are concerned, the **Practitioner** may disclose information without your agreement. The **Practitioner** would attempt to talk this through with you beforehand if possible.
2. Where there is a legal requirement to disclose information. This could be because it has been ordered by a court, or because the law requires, for example under the Terrorism Act or the Drug Trafficking Offences, for information to be passed on without consent to the authorities.

**CLIENT AGREEMENT & INDEMNITY INSURANCE:** I agree not to put myself or others in harms way. In a crisis I promise to call any one of the following: My GP, A Hospital, Emergency Services (000), Life Line (131114), Salvation Crisis Line (93312000). **Awareness Healing** accepts full responsibility for services provided in accordance with insurance covered by AON. This Contract Agreement Indemnifies the **Practitioner** and enforces in a legal and binding way my **"Duty of Care"** obligations in every respect.

**COMMITMENT TO THE THERAPY:** As a therapist, I will require a commitment from you. Therapy is a mutual and collaborative process. The client and the practitioner will work together to develop goals that the client wants to work on. We cannot change you but act as a facilitator. Only you can change yourself. You are responsible for making the effort to work on the problems or issues that concern you. The practitioner is committed to helping you in this process. Therapy works best when the client and the practitioner develop a strong working relationship based on mutual trust, honesty and respect. You should demonstrate a strong commitment which in time will bring you great benefits. If you are experiencing any problems relating to the practitioner, we encourage you to discuss these matters honestly and together a resolution can be made. Sometimes the client and the practitioner may decide that it is best for the client to meet with another practitioner.

**PERMISSION BEFORE SESSIONS:** In Hypnosis and Reiki, the therapist will be required to use touching and anchors which requires the therapist making hand contact with a person's body. The therapist may place their hands on the clients forehead, shoulders, upper arm, lower arm and hands. And other parts of the body except the private areas. Signing this form means you consent to this and if you are uncomfortable with the process, please inform the therapist.

**HOW DO I PAY FOR MY SESSIONS:** Payment can be made as a credit card transaction at the session. All payments have a 1.9% transaction fee. Alternatively, you can bring cash to the session.

**A DEPOSIT IS REQUIRED TO BOOK YOUR SESSION:** A deposit will need to be transferred to book your sessions. No sessions can be booked without a deposit payment. The deposit can be transferred to the below bank account details. The deposit will be used to pay for your last session. If a session is cancelled or rescheduled on the same day as the session, the deposit will be withheld to pay for the session.

**WHERE DO I TRANSFER MY DEPOSIT PAYMENT:** Name: Dean Galati Bank: Bank Australia BSB: 313140 Account Number: 12359060

**CANCELLATION OR RESCHEDULING ON THE SAME DAY OF THE SESSION:** Attending your scheduled appointments is your responsibility. At the end of each day, time is very valuable. Therapy businesses are always busy and time slots can be very valuable. Respecting the time of a therapist is greatly appreciated. Your deposit is used as a security for the practitioner when a client does not give enough notice when rescheduling or cancelling a session. If you reschedule or cancel your session on the same day as your booked session, the deposit will be withheld to pay for the appointment timeslot, regardless of the reason. And you will lose your deposit.

**CONFIRMING YOUR SESSION WITH AN SMS THE DAY BEFORE YOUR SESSION:** A confirmation SMS will be sent to your phone the day before the session. If you need to reschedule or cancel your session, please give the practitioner 24 hours' notice, by replying to this SMS and letting the practitioner know you're attending the session. Failure to do this means you will lose your deposit.

**THE DEPOSIT IS USED FOR YOUR LAST SESSION:** If you reply to your confirmation SMS the day before your session, the deposit will be held for you and used to pay for the last session. You're just paying in advance. If you do not attend three appointments in a row, then your appointments will no longer be available. And the therapy sessions will be terminated.

**MENTAL ILLNESS, DEPRESSION AND MEDICATIONS:** All offered therapies are not facilitated on anyone who suffers from or is diagnosed with Mental Illness such as Bipolar Disorder, Borderline Personality Disorder, Multiple Personality Disorder and Schizophrenia. It is very important that the client is very honest about their diagnosis of Mental Health. If the client has been diagnosed with Mental illness by their GP or specialist, I will not be able to facilitate these therapies. Clients suffering from Depression who are on medication are instructed to get a referral from their GP and will need to bring it along to their first session. If the client is on Depression medication, the GP is asked to evaluate the clients ability to deal with the process of therapeutic healing effectively. In the referral, the GP must state that the client is psychologically capable of experiencing **therapy**, that it is safe to do **therapy** on the medication, what medication the client is using and the dosage the client is currently on. The practitioner takes no responsibility if the client has not been honest about his/her mental illness, depression and medication status.

**THINGS TO REMEMBER BEFORE THE SESSION:** All clients are screened for mental health issues and abilities to work through the healing process. If the clients is not honest about their mental health status, the practitioner takes no responsibility for what happens after the sessions. The practitioner will not suggest anything that isn't in-line with what the client wants through their own verbal language. The practitioners therapeutic intervention in the session is just metaphoric in nature and the client is then left to decide what to do with the therapeutic suggestion after the session. The practitioner takes no responsibility for the healing process and actions of the client after the session. The client is responsible for their own actions, thoughts, decisions and healing process. The consequences of the clients actions after the session is their own responsibility. There is no indication or proof that this therapy can harm a person in any way. If the client experiences depression or discomfort from what they have experienced in their session, the client is then expected to inform the practitioner of this so the practitioner can take the right course of action to rectify the trauma and refer the clients to an appropriate therapist. If the client does not inform the practitioner of their continuing discomfort, the practitioner takes no responsibility for the clients wellbeing, for not informing the practitioner of this continuing neglect. If the client has continued pain in their body, the practitioner is not responsible for any on going pain after the session. If pain persists, the practitioner is however responsible for referring the clients to an appropriate therapist. Reiki cannot be proven to harm, injure or bring on any kind of physical, mental, emotional and spiritual discomfort. When moving energy around the body through Reiki Healing, the client may temporarily experience slight discomfort such as diarrhoea, nausea, dizziness, running noses, bowel changes and feeling tired. This is very normal for **SOME** clients and will pass in a couple of days. The practitioner will take no responsibility if the client is not aware of the post effects of **Reiki Healing** therapy.

**INFLUENCE OF ALCOHOL OR SUBSTANCES:** Sessions will not take place if the client is under the influence of any alcohol or drug substances.

**COMPLAINTS:** Dean is an Accredited Hypnotherapist with the Australian Society of Clinical Hypnotherapists. Any complaints about his work should be made through ASCH on 1300 851 176.

**ACCEPTANCE:** I have read, understand, and agree and consent to all of the above.

Client's Name in Print:

Client Signature:

Date:

Therapist's Name in Print:

Therapist's Signature:

Date:

# CLIENT INFORMATION INTAKE FORM



Awareness  
Healing

Therapy: \_\_\_\_\_

Full name:

Occupation:

Are you currently employed: Yes No

Email:

Address:

Mobile number:

Age:

Emergency Contact Name and Phone Number:

Are you diagnosed with a Mental Illness: Yes No What illness:

Are you on Anxiety or Depression Medication: Yes No What Medication:

Prior or present Physical Medical conditions:

Physical pain in the body:

Drugs, Medications, Vitamins, Herbs:

Are you using recreational drugs or alcohol? Yes No What kind:

How often:

Headaches, Migraines, Stress:

Medical Doctor's name:

Tel Number:

Phobias:

Do you meditate?: Yes No How often?

Can you recall the first memory in your life? Yes No How old were you?

Have you experienced trauma in your past? Yes No How old were you?

Have you experienced domestic violence at anytime in your life? Yes No

Have you experienced sexual abuse or assault from a family member or stranger? Yes No

Who:

How old were you?:

Have you lost someone by death or otherwise in your life that you were close to? Yes No

Who:

How old were you?:

Have you had any suicidal thoughts? Yes No Do you self harm or cut yourself? Yes No

How many times did you move when growing up?

Were you close to your parents? Yes No

Which parent were you most comfortable with?

Can I ask for permission to place my hand on your forehead, arms, hands or shoulders? Yes No

For Reiki Therapy, can I ask for permission to place my hands on your body except for your private areas? Yes No

How often do you go out into nature and relax or exercise?

Do you have any spiritual or religious beliefs or practices? Yes No Please describe:

What other therapies have you worked with in the past?:

1. Therapists name:

2. Therapists name:

3. Therapists name:

Are you interested in being Subscribed onto the Awareness Healing Email Newsletter? Yes No

How did you find out about Awareness Healing?

## **FILLED OUT BY PRACTITIONER**

Deposit paid: Yes No How much?



Clinical Hypnotherapy  
Dip. Clin. Hyp. 91542nsw CHT  
Neuro Linguistic Programming  
91543nsw  
Counselling  
Past Life Regression  
Between Lives Spiritual Regression  
Healing The Inner Child  
Reiki Healing

## Therapy Questions

Please fill out this form and email it back to us at [galatidean@gmail.com](mailto:galatidean@gmail.com)

Name:

Date:

ISSUES that need to be cleared?

- 1.
- 2.
- 3.

What are your GOALS and INTENTION for the therapy?

- 1.
- 2.
- 3.

What is it you enjoy doing as a child that made you feel present and happy?

- 1.
- 2.
- 3.

What are your STRENGTHS?

- 1.
- 2.
- 3.

What are your CURRENT RESOURCES to help you make change?

- 1.
- 2.
- 3.

What are your PRIORITIES?

- 1.
- 2.
- 3.

What do you VALUE the most?

- 1.
- 2.
- 3.

Please email this form to [galatidean@gmail.com](mailto:galatidean@gmail.com)