



**ELYSIAN**  
HEALTH & HEALING

Client Counselling Consent, Release and Privacy form

New Client Form

Date \_\_\_\_|\_\_\_\_|\_\_\_\_

Name \_\_\_\_\_ D-O-B \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Face Book Address/User Name \_\_\_\_\_

Languages Spoken \_\_\_\_\_

**Please brief your concerns/thoughts/feelings:** \_\_\_\_\_

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**Have you had Counselling, Hypnotherapy or Energetic/Reiki Healing previously?**

**Please detail:** \_\_\_\_\_

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**Do you currently exercise – when was the last time and how often?**

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**Do you follow a regular meal and sleeping pattern?**

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**Do you take medication?**

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**GP Details:**

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**Do you have any following conditions currently or in the past?**

- |  |   |
|--|---|
| <input type="checkbox"/> Depression            | <input type="checkbox"/> Diabetes 1 or 2                        |
| <input type="checkbox"/> Anxiety               | <input type="checkbox"/> Heart Attack                           |
| <input type="checkbox"/> Grief                 | <input type="checkbox"/> Stroke                                 |
| <input type="checkbox"/> Loss                  | <input type="checkbox"/> Back Pains/Sciatica                    |
| <input type="checkbox"/> Sadness               | <input type="checkbox"/> Aches and pains ( please detail below) |
| <input type="checkbox"/> Loneliness            | <input type="checkbox"/> Sore eyes                              |
| <input type="checkbox"/> Isolation             | <input type="checkbox"/> Blocked Ears                           |
| <input type="checkbox"/> Anger                 | <input type="checkbox"/> Coughing/Bronchitis                    |
| <input type="checkbox"/> Rage                  | <input type="checkbox"/> Sore Throat                            |
| <input type="checkbox"/> Addiction             | <input type="checkbox"/> Sore Stomach                           |
| <input type="checkbox"/> Excess eating/binging | <input type="checkbox"/> Constipation                           |
| <input type="checkbox"/> Body Image issues     | <input type="checkbox"/> Diagnosed Mental Illness               |



## ELYSIAN HEALTH & HEALING

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#### **Payments and Cancellations**

*Payment is required either before or on the day. We require to hold your credit card details to secure your booking (we won't charge this account). A Pay Pal facility for credit and debit card facilities are available. We require 24 hours notice to change your appointment. Please note that in the event you do not contact me and fail to show, a 50% cancellation fee will be incurred.*

#### **Confidentiality and Mandatory Reporting**

*Please note our appointments are held in the strictest of confidentiality in a safe and non judgemental environment.*

*Mandatory Reporting is required when you, the client clearly indicates to the Counsellor that there is a risk of imminent danger either to you or another person, the Counsellor is required legally to take necessary steps to prevent this. This includes notifying appropriate authorities and may also involve cooperation from authorities which will require disclosing content of Counselling which relates specifically to any isolated incident of danger.*

#### **Therapist/Client Relationship**

As a Holistic Health Professional, I maintain professional and ethical boundaries which means that a personal relationship/friendship cannot be entered to in any way. I encourage you to follow the Elysian Health and Healing Face Book page to stay up to date and inspired, however I cannot and will not respond to personal friend requests. This is to protect myself as your Holistic Professional and to respect our working relationship.

#### **Transparency, Honesty and Commitment**

It is important to understand that without you as the client being completely honest and transparent, results to change and working to your authentic and peaceful self will take longer. My heartfelt goal is to see you thrive, release old patterns, release old emotional thoughts and feelings and to see you grow, evolve, flourish in health, happiness and absolute truth. Please know you are in a safe and respected space with your Holistic Health Professional. You are heard, validated and understood. You are not judged. I am here to help you move forward.



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**Transparency, Honesty and Commitment continued**

Where I feel you may need to be referred on to someone else for further assistance, please know this decision will be made with respect and discernment for your best interests, and you will also be consulted first.

We will work together collectively, and you moving forward may require work to change, such as journaling, and other small goal setting exercises to follow up on.

**Disclaimer**

Please note I am not a GP or Medical Doctor. I am here to help you move forward in your life by offering Counselling, Strategies and Positive Solutions and Holistic Health therapy.

**Contact Details and other Phone Numbers**

- *Helen – Elysian Health and Healing - P: 0420 941 390*
- *Lifeline – 13 1114*
- *Emergency – 000*
- *Beyond Blue – 1300 224 636*



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**Client Signature**

By signing this document, this means you sign in agreement to understanding and accepting all of the above mentioned pertaining to the Holistic Health Service provided to you by Elysian Health and Healing, and understand that we will suggest to refer you on to a specialist field if it is felt that our expertise cannot help you. We are not medical doctors and you do not hold Elysian Health and Healing or its therapists responsible should life not work out as you have planned or imagined.

Client Signature and name printed:

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Date: \_\_\_\_ | \_\_\_\_ | \_\_\_\_

Location: \_\_\_\_\_

**Office Use Only**

Action Notes and Planning:

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Follow Up Appointment:    Yes

No