



Statement of Understanding.

During treatment I will decide on the course of therapy which I think will be of most benefit for the client and the appropriate method will be administered to help the client go forward. By signing this form, you agree for the appropriate treatment to be administered to you at the appropriate time.

I assess everyone in the first session and will give an indication of how many visits may be necessary. The initial consultation and beginning of treatment starts with a two hour session which includes the first Hypnosis session also. Some clients will only need a very short treatment and other more complex cases will naturally need sufficient time to help that person fully. My goal with the therapy is to make myself redundant as soon as possible. If you are not suitable for any treatments you will be informed in the consultation or first session. I assist the client to become their own self-healer, helper and motivator

Payment is required at the time of booking. For the initial booking, you are required to pay by credit card for the very first two hour session to secure your appointment. You have 48 hours before the initial appointment to cancel or change the appointment. Payment for subsequent sessions will be required at the time of booking.

Upon booking your appointment by telephone you will be advised of the cost of the session, the time of your appointment and also directions on how to get to the consulting room. If you need to change or cancel your appointment you will need to make those alterations at least 48 hours in advance. Changes or cancellations made less than 48 hours in advance will incur the charge of the full rate of that session. This also applies to no show appointments.

Many clients are given work to do at home between sessions. This is part of your treatment so it is essential that you carry out these instructions. The home tasks help cut down the time you will need in therapy and they are specially designed to help you go forward so it is very important that you carry them out as instructed.

Please note that it is important if you are currently on any medication to have the names and doses of the medication so that can be considered with regard to your treatment. Also, please provide details of any professional therapist or the like, you may be under. Please note that all information you give me is confidential and that I will not contact any professional without your prior permission. The law requires me to ask you to inform your doctor of any treatment you may receive from me. As a therapist I am bound by ethics to leave that decision to you. If I am treating you for a medical condition that you are being treated for by your GP then I do advise you to inform your doctor of any treatment you are receiving from me.

Michelle Rasmussen
Clinical Hypnotherapist.

Client Declaration

I, (insert name) have read, understood and agree to the above.

Client Signature.....Date:.....