**Online Session Consent Form (Email before 24 hours before session)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am choosing to facilitate my Hypnotherapy / Psycho-Past Life Regression / Psycho-spiritual Therapy- HART, sessions via Whatsapp / Skype (www.skype.com) program with **Sweta Desai**, Certified Hypnotherapist

By choosing this op I understand that:

* Whatsapp / Skype is an online communication tool allowing for face-to-face video, voice, or text-based chat dialogue. Whatsapp / Skype-to-Skype calling is encrypted using the same standards utilized by the government to protect sensitive information.
* **If you do not have Whatsapp or Skype account, I will be sending you a calendar link for you to click and join the video session, no app downloads needed here.**
* For Whatsapp/ Skype software/ app must be downloaded and an account setup is required.
* For Whatsapp session – a number will be provided to you after the intake form is received. This number is to be used only for booked appointment timings and not to be used for small chit chats.
* For Skype session - Search for and add therapist's username to your contacts, details would be sent, once this form is received.
* Appointment to be made via email, do kindly send me your preferred days and times convenient to you, along with this form. Intake form on page 2 , 3, 4 of this document has to be filled and sent via email atleast 12 hours before your first session. Couples need to individually fill the intake form
* Please be online at least five minutes prior to session, alone, in quiet room, door closed. Therapist will call you at scheduled appointment time.
* Fees for first and follow up sessions is – **80 USD for International Clients , for Indian clients, it is 4,500.00 INR**
* For **best whatsapp / Skype picture and audio quality**, a hardwired connection (via LAN cable) rather than a wireless one should be used if possible. Headphones add additional security, use a wired earphone with inbuilt mic. Do not use a blue-tooth headphone, as it causes more connection issues. See to it, if there are other laptops and cellphones on the same WIFI you are using, it slows down the connection, and creates interruptions, so all other devices should be off WIFI , except the device you are using for the session. Also sit as near to the internet modem for better network (not be in a basement, while the modem is on the ground floor). Please see to it when you use a Laptop, Tab or Mobile for Hypnotherapy Sessions the screensaver and Power mode settings should be checked &set

at two hours or more, so that the Skype connection does not break due to such settings of putting your laptop or mobile on standby or sleep or screen saver mode. If your gadget goes to sleep mode due to the settings kept by you, the session gets interrupted.

I also understand the following limitations of whatsapp / Skype video therapy sessions:

* Any internet based communication is not 100% guaranteed to be secure/confidential. I agree that **Sweta Desai** should not be held responsible if any outside party gains access to whatsapp / Skype’s personal or confidential information by bypassing their security measures.
* In a crisis or emergency situation that needs immediate attention, whereby I am considering seriously harming myself or someone else, I will call Emergency Hospital Number or Ambulance Number.
* Confidentiality should be treated like an in office session: no outside distractions, turn off cell phones, close other programs on computer and don’t be late.
* Technical problems could occur. If the call is disrupted, the therapist will call back within 1 min, if the network issues persist, be ready to have a direct phone call, to complete your session or the session will be rescheduled. The online therapy sessions are not to take place of regular in office sessions, but are being utilized when in office sessions cannot be scheduled for a length of time and the therapist and client deem it necessary for contact. For THIS YEAR, all sessions are ONLINE.

Client Official Name:

Client Signature or Initials: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**INTAKE FORM (Please fill it out Completely)**

|  |  |
| --- | --- |
| **Today’s Date:** |  |
| **Birth Date, dd/mm/yy** |  |
| **Your Full Official name:** |  |
| **Gender:** |  |
| **Relationship Status: Single, Married, Common law, Separated, Divorced. If married, date of Marriage?** |  |
| **How did you know about me?**  **( write “ Y” for ‘Yes’)** | |  |  | | --- | --- | | **Website** |  | | **Google** |  | | **Referred by ?** |  | |
| **Your full Address: City, Province, Postal Code** |  |
| **Email** |  |
| **Your Skype ID** |  |
| **Phone (Home & Cell Phone)** |  |
| **Whatsapp Phone number** |  |
| **Education & Occupation** |  |
| **Whom to contact in case of Emergency:**  Full Name, Relationship to You,  Home phone, Cell Phone, Email, & Address |  |
| **Reason/s for Seeking Therapy?** |  |
| **If you have received therapy before: which therapy and for what issues?** |  |
| **Provide a brief assessment of issues of concern below.**  **Physical Health: (**nutrition, handicapping conditions, developmental history, physical capability, **medications and dosages** |  |
| **Substance Abuse**: (history, treatment attempts, current status, interviewer’s observations, other addictive behaviors) |  |

CLIENT CONCERNS

**Please indicate items you would like to address in therapy, WRITE Yes or No (Y/N)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Career/work** | **Y/N** | **Health Concerns** | **Y/N** | **Personal Concerns** | **Y/N** |
| Career Choice |  | Weight Change |  | Suicidal Thoughts |  |
| Financial Concerns |  | Eating Disorder |  | Anxious |  |
| Difficulties at work |  | Tired all the time |  | Unhappy |  |
| Problem making decisions |  | Concerns about meds |  | No Self Confidence |  |
| Personality Conflicts |  | Binging, Purging |  | Feeling Anger |  |
| Overwork/Stress |  | Difficulty sleeping |  | Dealing with loss |  |
| Drinking Addiction |  | Nightmares |  | Trouble concentrating |  |
| Smoking Addiction |  | Dizziness |  | Feeling Panicky |  |
| Colleague issues |  | Body Pain |  | No feeling at all |  |
| Work timings |  | Illness |  | Feeling easily Hurt |  |
| Wanting a Job Change |  | Decreased Appetite |  | Depressed |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Social Relationships** | **Y/N** | **Family relation/children** | **Y/N** | **Personal Goals** | **Y/N** |
| Shy with people |  | Health Issues |  | Develop assertiveness |  |
| Difficulty making friends |  | Academic Issues |  | Develop coping skills |  |
| Problems maintaining Relationship |  | Behavior issues at home or school |  | Increase awareness of emotional response |  |
| Feeling lonely |  | Victim of abuse |  | Accept Personal Limitations |  |
| Difficulty relating to people |  | Addictions |  | Achieve realistic Self Expectation |  |
| Fighting in personal Relationship |  | Conflict over child raising |  |  |  |
| **Family Relations/Spouse** |  | Care giver stress |  |  |  |
| Sexual Concerns |  | **Anything you would like to add more?** | | | |
| Verbal Issues |  |
| Marital Concerns |  |
| Physical Abuse |  |
| Fights |  |

**Thank You for filling it completely! Blessings and Healing to you!**