



**Please complete this confidential personal history questionnaire.**

**Personal Details**

Name..... Date of Birth..... Age.....  
Address.....Post Code.....  
Phone: Home..... Business..... Mobile..... Can we call any?.....  
Occupation.....*If unemployed please state previous employment.*  
Relationship Status.....Partner's Name..... Age.....Occupation.....  
Children (names & ages).....  
Email.....Who referred you here?.....  
*Or how did you hear about us?*

**Medical History**

Name of Present Doctor..... Phone No.....  
Is your doctor aware of this appointment?.....Do you have a referral from your doctor?.....  
Current medication.....  
Do you have medical insurance with extras?..... Fund..... Schedule.....  
Have you ever been hospitalized?..... When?..... How long?.....  
Nature of illness.....

**Have you ever suffered from the following? (Please tick)**

Epilepsy.....Depression.....Fears.....Obsessions....Ulcers....Insomnia....Nightmares....Anxiety.....  
Breakdown....Headaches....Fatigue....Diabetes....Hypoglycaemia....High/Low Blood Pressure.....  
Do you smoke?..... How many per day?..... Do you want to stop?..... Why?.....  
Have you ever had shock treatment?..... When?..... Why?.....  
Do you practice meditation/yoga? .....

Are you currently consulting any other practitioner in relation to your consultation today? .....

Name ..... Phone Number ..... Therapy .....

Would you like us to co ordinate our treatment with them? .....

Have you ever been hypnotised?.....Details.....

Briefly, why are you here today and what do you hope to achieve? .....

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To the best of my knowledge, the above information is true and correct and I hereby declare that I attend this session of my own free will and take full responsibility for my own well-being.

Signed.....

Date.....

PTO

### TERMS AND CONDITIONS

1. The services provided at Holistic Soul Revolution are very real, profound and unique. If you are not completely dedicated to creating real change in both your inner world and outer world then please don't take up an appointment time and take this opportunity away from someone that is. If this is the case, we genuinely wish you well and welcome you when you are ready.
2. We vow to make your change and healing our priority. We ask that you do the same.
3. We promise to treat you with consideration and respect by not cancelling or moving your appointment unless absolutely necessary. We ask the same of you.
4. Initial appointments require a deposit of \$50. Any appointments over 2 hours require a deposit of \$100. Deposits are non-refundable. Appointments may be changed with no loss of deposit if 48 hours notice is given. (We understand that sometimes life throws unexpected curve balls and can be flexible in such circumstances). Deposits can be paid by direct deposit.
5. All follow up appointments require 48 hours notice to change or cancel or full fee will be charged (again, extenuating circumstances may be considered).
6. We thank you for your understanding and cooperation and are excited to share in your experience of becoming the happy, empowered, authentic person you are born to be.

I have read and accept the terms and conditions as stated above;

Signed: \_\_\_\_\_

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