SUSTAINING LIFE When simplicity matters

Hi, and welcome to Sustaining Life. Sandra, your therapist, is trained in several modalities, including EMDR, T.A., and Clinical Hypnotherapy. Sandra has years of experience as a Counsellor and trauma-informed psychotherapeutic practitioner. Her deep passion for supporting personal growth and promoting change is evident in her energized blend of clinical and holistic practices. NZAC, MHNZ, EMDRNZ, ACC

| 8 | What is your name | | |
|-----|--------------------------------------------------------------------------------|-----------|--|
| | First Name | Last Name | |
| (0) | Your Email | | |
| B | Your Phone Number and a Emergency contact number | | |
| 0 | Are you currently attending any of there any health concerns I should briefly, | | |

| - | ou answered yes to the above question, do you consent to a consultation first to assess safety, concerns, and suitability |
|-----|---------------------------------------------------------------------------------------------------------------------------|
| Wha | t might you hope for as a result of your Hypnosis |
| | e you experienced Hypnosis before? Please give brief details ou have, including what your experience was like |
| How | committed are you to making changes in your life right now |
| | t obstacles might you anticipate as you work towards eving your goals |
| Wha | t is your preferred form of contact? |
| Are | there any questions you might have for me and my practice |

It is acknowledged that Hypnotherapy can be a potent supporting factor in facilitating change. It is also recognized that there can be no guarantees, and follow-up sessions may be required to reinforce the work. It is also acknowledged that outcomes are best supported at an optimum level, where the participant is highly motivated. Payment is due on the day before, if paid online, or on the day of the session. A 24-hour notice of cancellation is required; otherwise, a cancellation fee of 60% of the total cost will be charged. It is acknowledged that any medical condition has been disclosed, noted above, and discussed with the therapist. I have read and agreed to the Terms and Conditions



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