



AMANDA HOBLEY  
*Reconnect & Restore*

**CLIENT CONFIDENTIAL DATA**

PRACTITIONER: Amanda Hobley		DATE:	TIME:
First Name:		Last Name:	
Address:		Telephone: (Mobile)	
City:	State:	Postcode:	(Home) (Work)
Name and Phone Number of person in case of emergency:		Email:	
Occupation:		Date of Birth:	
		Sex: Male / Female	
What is your reason for seeking an Emotional Resolution session today:			
When did the problem begin? (date)?			
How is this issue impacting you and your life ?			
Do you have any physical symptoms that concern you?			



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#### CLIENT DISCLAIMER AND CONSENT

I understand that the Emotional Resolution (EmRes) techniques used by Amanda Hobley are relaxation and stress reduction techniques. I acknowledge that EmRes techniques are only for the purpose of helping me relax and to relieve stress. I also understand that EmRes includes talking about a recent situation that triggered your emotional-somatic response and you will be verbally guided through the EmRes method. There will be no physical contact. You will be fully conscious and can stop the session at any time of your own free will.

I have stated, to the best of my knowledge, my known medical conditions. Amanda Hobley does not diagnose conditions, nor do they prescribe substances or perform medical treatment, nor interfere with the treatment of a licensed medical professional and are not licensed by the state of Western Australia. I further understand that treatments received from Amanda Hobley are not to be construed as a substitute for medical examination, diagnosis or treatment. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have.

I understand that Amanda Hobley is not a licensed physicians and that the EmRes sessions are provided are complementary to and separate from medical services licensed by the state.

Having read, completed and understood the foregoing, I request an EmRes session today. And during any visit hereafter, I understand that Amanda Hobley is providing an EmRes sessions for me at my request and are not responsible for the outcome of the session. I agree to hold Amanda Hobley harmless.

I give permission for Amanda Hobley to collect, use and disclose my personal information as set out in the [Privacy Policy Document](#) (available on request). I acknowledge that I can withdraw this consent, except where the law doesn't permit. I acknowledge that I am able to access my own health information as per the Privacy Policy Document except where access would be denied according to Privacy Act.

I agree to the [terms of use, conditions and disclaimer](#)

Signature:

Date:

Signature of parent/guardian:

Date:

Please tick the box if you would like to stay connected and receive Amandas Newsletter and receive a copy of

"Womens Secret Handbook to Stress Relief" ☐