

**HEALING TREATMENTS / COACHING / AWAKENING CREATIVITY
SESSIONS**

with Dr. Gary Wohlman

www.garywohlman.com
www.mypresentationdoctor.com

AGREEMENT:

Welcome! It is important for both of us to establish clear parameters within which we work.

Please note, complete and sign your agreement to the following information, which includes our **terms and conditions** of service – all of which will be kept in strictest confidence for your protection.

Thank you for assisting us in being of greatest service to you.

Name: _____ Email: _____

Address: _____ Post Code: _____

Home Phone: _____ Mobile Phone: _____

Date of Birth: _____ Time of Birth: _____ Location of Birth: _____

Presenting Problems(s):

Desired Outcome(s):

Additional information to assist in us in being of greatest service to you:

Missed Appointments

- **Any change to an appointment requires 24 hours notice** – except in the case of a medical or other emergency.
- If this is not given, **the full fee will be charged.**

Service Delivery

- Any live or online counseling, coaching or therapy services provided will not be refunded unless it can be shown that the advertised services were not delivered as per the information on my website, printed materials, or as agreed in private consultation between us.
- If you the client (customer or purchaser) changes your mind or decides that the services are not what you wanted, after they have been delivered, then this matter needs to be discussed directly with Dr Gary to see if a resolution can be found and agreed to by both parties. Dr Gary provides no promise to provide remedy, though will make every reasonable effort to find an agreeable solution.
- Bookings must be paid for in advance for a full refund to be offered, though this is if cancellation is made at least 24 hours before the service is due to be delivered. Cancellation fees will apply if notice is not given. Bookings paid for and not attended without prior notice will forfeit the entire fee, or otherwise another session can be re-scheduled.
- If you have paid for a series of sessions in advance and decide to stop at any stage, the sessions you have received will not be charged at the discounted package rate. Any refund you receive in this case will be for the number of sessions you have received at the regular rate listed on www.mypresentationdoctor.com/fee-schedule, minus the equivalent cost of any supplemental materials which were given to you at no extra charge at part of the discounted package of sessions.

If you are paying for a series of sessions in advance, it is understood that you will be paying (enter amount) _____ for (enter the number) _____ of sessions.

If you are paying for a series of sessions in installments, it is understood that you will be paying (enter amount) _____ at the end of the 1st session, and (enter amount) _____ at the end of the _____ session(s) for a total number of _____ sessions.

- For you to get the greatest value out of our sessions together, please be on time. The hour long sessions that we contract together generally last 50 minutes, with the last 10 minutes focused on summarising the session and creating a plan of action for our next meeting. The 90 minute long sessions generally last 75 minutes, with the last 15 minutes again to review outcomes and generate an action plan, as described above.

Medical Agreement

- I agree to inform Dr. Gary Wohlman of all physical or mental conditions that might affect his work with me.
- I have informed him in strictest confidence whether I have any of the following physical, mental or emotional conditions that apply (please circle): Epilepsy, Cancer, AIDS, Clinical depression, Phobias, Panic attacks, Psychosis, Schizophrenia, Anorexia, Bulimia, Alcoholism, Drug dependency, previous Whiplash, and other please state: _____

- I understand that any treatments/sessions I have with Dr. Gary are not a substitute for seeing a medical doctor, nor are in any way a form of medical advice.
- I am clear that Dr. Gary Wohlman is a remedial massage therapist, presentation coach and health promoter. Also, that he is not a medical practitioner and is not qualified to issue medical advice.
- Please list medications (if any)

Participating Commitment

- I realize that my success depends on my own commitment to improving the situations that bring me here.
- I release Dr. Gary Wohlman **from any liability whatsoever** regarding my sessions with him. I take full responsibility for any conclusions I draw from my sessions, or responses I have. I understand that the body psychotherapy aspect of sessions I receive from Dr. Gary Wohlman represent a therapeutic alternative to create positive changes in my life.

Participating Statement

“I am willing to participate during my sessions as well as after my sessions. I understand that I am a full partner in my healing, and I am ready, willing and able to take responsibility for my life from this day forward.”

Signed: _____ Date: _____

My agreement to you:

“I agree to use the best of my abilities to help you make the refinements and changes you seek, and also to treat you with care, love and respect. I agree to give you my undivided attention and professional assistance during our consultations, and I agree to strict confidentiality. I am professionally committed to using my training and skills to assist you in returning to your authentic self, as well as improving whatever aspects of yourself you desire to improve.”

Dr. Gary Wohlman – Wellness, Presentation Coach & Creativity Specialist; Dip. Remedial Massage (R.M.), Deep Tissue Muscle Therapy (D.T.M.T), Integrative Therapy (I.T); Nationally Accredited Member, Australian Traditional Medicine Society (A.T.M.S.) # 12835; Core Energetics Psychotherapist; training programs also provided in “The Wohlman Method for the Whole Person”