

Client Name: _____ e-mail: _____ Tel No.: _____

Where did you hear about us? _____ What I want _____ Why I want it _____

TE WHARE TAPA WHA	SPECIFICS	MEASUREABLES	ATTAINABLES	RELEVANCE	TIME
Taha Hinengaro Mental & Emotional Wellbeing					
Taha Whanau Family & Social Wellbeing					
Taha Tinana Physical Wellbeing					
Taha Wairua Spiritual Wellbeing					
Te hononga ki te whenua Connection to the land					

Informed Consent:

I hereby confirm that I am 16 years old or above, have been involved in the planning of my program, and give informed consent to therapy for the above purposes.

NAME _____ Signature _____ Date ____/____/20____

Please tick here _____ if you consent to being added to our database and newsletter, through which you can be kept informed of news & special offers.

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