We at Eureka Centre are an experienced team dedicated to set people free from the prison of their own negative perceptions, guide them in finding their true purpose in life, empower them to live to their highest potential and find fulfillment in relationships.

Our team consists of:

**Jeanette Dreyer**, Educational Psychologist and Hypnotherapist.

Jeanette specialises in hypnotherapy, BWRT, EMDR and Imago Relationship Therapy. She will transform your life by identifying the root cause of your problem and help you to overcome it.

We are experts in our respective fields & passionate about helping people. We believe in constant learning and self-development.

**Thomas Dreyer**, Social Worker and Head of our Lifeboat Division.

Thomas is a life coach and a specialist in relationship therapy. He will teach you relationship skills and the art of connection with your partner. He will lead you to rekindle love, happiness, fun and joy in your relationship.

We treat children, adults and families.

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**OVERCOME:**
- anxiety
- depression
- phobias
- insomnia
- weight problems
- post traumatic stress

**STOP:**
- smoking
- drinking, drugs
- ADD in children
- panic attacks, etc.

**IMPROVE:**
- relationships
- confidence
- memory, etc.

**REALISE:**
- your potential in sport,
- work, studying
- financial success
- inner peace

Do you feel trapped in repetitive self-destructive habit patterns and destructive relationships?

Eureka Centre has the answer for you!

We will guide you to understand the influence of your subconscious programming and help you to reprogram your mind through hypnotherapy, BWRT and EMDR in order to liberate you from self-sabotage and help you establish healthy, fulfilling relationships through Imago and Family Therapy.

Phone us for an appointment for your own personal Eureka Experience! We promise a positive revolution in your life.

Our service includes the following:
- Hypnotherapy
- Brain Working Recursive Therapy (BWRT)
- Eye Movement Desensitization (EMDR)
- Imago Relationship Therapy
- Child Therapy
- Family Therapy

Healing is based on insight and change.

At Eureka Centre hypnotherapy is used to uncover the root cause of the problem in the subconscious mind, which leads to insight.

BWRT and EMDR are used to bring about the desired change.

**HYPNOTHERAPY**

Hypnotherapy is used to bring about insight into the cause of a wide variety of psychological problems, such as:
- Anxiety
- Depression
- Eating Disorders
- Phobias
- Sexual Dysfunction
- Panic Attacks
- Insomnia

and psychosomatic diseases, e.g.
- High Blood Pressure
- Irritable Bowel Syndrome
- Ulcers

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**CELL:** +27 83 301 8000  
**FAX:** +27 86 691 5032

**EMAIL:** jeanette@eurekacentre.co.za  
**WEBSITE:** www.eurekacentre.co.za

120 Zambezi Avenue,  
Doringkloof, Centurion  
PO Box 16573 Lyttleton, 0140
BWRT

Through BWRT the brain is trained to respond in a new positive way to certain impulses as opposed to the old way in which it has been conditioned to respond which caused the problem. It is an exciting new form of psychotherapy which leads to rapid results.

BWRT is effective in helping people to overcome:

- Grief
- Post Traumatic Stress Disorder
- Low Self-esteem
- Affairs
- Generalised Anxiety Disorder
- Sexual Abuse
- Alcoholism
- OCD
- Gambling
- Depression
- Eating Disorders
- Binge eating and drinking
- Addictions
- Sexual obsession/addiction
- Fetishism
- Porn addiction
- Masturbation fixation
- Bullying (relationship or school)
- Substance Abuse

EMDR

EMDR is offered to overcome post traumatic stress. It is capable of rapid desensitization of traumatic memories and the removal of symptoms for example flashbacks and nightmares.

It is effective in treating victims of:

- Armed Robbery
- Accident
- Attempted Murder
- Hi-jack
- Rape
- Smash-and-Grab, etc.

IMAGO RELATIONSHIP THERAPY

Jeanette is also an internationally certified Imago Relationship Therapist. She offers couples a course in Imago Therapy, by teaching them the Imago principles and facilitating them in applying these principles to solve their relationship problems and create a fulfilling relationship.

SANDPLAY

Jeanette offers a specialised form of play therapy namely “sandplay”. It is essentially a non-verbal technique. Clients “tell” their story by using small figures to build a picture in a sand tray.

Sandplay creates a bridge between the conscious & sub-conscious making it possible to access and come to terms with disturbing life experiences which often defy verbal expression.

It is effective for children and adults in overcoming a variety of psychological disorders for example:

- Anger
- Anxiety
- Behaviour problems
- Depression
- Relationship Issues, etc.

Jeanette offers the following services for children all ages:

PSYCHOLOGICAL & COGNITIVE ASSESSMENT FOR THE PURPOSE OF:

- Scholastic Readiness
- Scholastic Assessment for Learning Disabilities
- I Q Tests
- Subject Choices
- Career Guidance

CHILD THERAPY

A combination of Play Therapy, Hypnotherapy, EMDR and BWRT is used to assist children with a full spectrum of psychological difficulties. Parents are involved in every step of the process.

A Parent Effectiveness Training Program is also available.

FAMILY THERAPY:

Families are assisted in resolving communication breakdowns, developing effective interaction and being empowered to become an effectively functioning system.
RELATIONSHIP THERAPY

Thomas offers relationship therapy, namely:

- Marriage Counselling
- Pre-Marriage Counselling
- Marriage Anger Management
- Couples Counselling
- Gay Couple Counselling
- Divorce Mediation
- Parental Guidance
- Sibling Relationships

Thomas is also a life coach. See his website www.lifeboat.co.za

INDIVIDUAL THERAPY

The duration of therapy depends on the severity of the problem.

Each person’s problem is individual and therapy is tailor-made for the specific needs of the person.

An average of 12 hours is normally required if treatment consist of a combination of hypnotherapy and BWRT.

Structure of therapy:

First session (61-70 minutes): The Intake Interview.

- The client states the presenting problem.
- A detailed history is obtained from the client to understand the background of the problem.
- The client sets goals for his/her therapy.
- The therapist will determine what kind of therapy will suit the needs of the client.

Second session (120 minutes):

- A test is done with the subconscious mind to identify the underlying cause of presenting problem.
- Approximately three hypnotherapy sessions (120 minutes each)

Hypnotherapy is done to identify the cause of the problem by uncovering and analysing the underlying negative thought patterns of the presenting problem.

This is followed by about three to four BWRT sessions of an hour each to bring about the desired change.

If Jeanette decides to use only BWRT or EMDR the structure is as follows:

- First session (61-70 minutes): The Intake Interview.
- This is followed by a number of 60 minute sessions during which BWRT or EMDR is done until the problem is solved. The number of sessions would depend on the severity of the problem.

An average of 8 sessions is the norm.

How do I make an appointment?

You do not need a reference by a medical doctor. Simply send us an email, briefly stating your problem. Provide us with necessary telephone numbers (home, work, fax) and cell number, as well as a convenient time to phone you preferably after 19:00 during the week.

We will contact you to:

- answer any questions
- discuss fees
- make an appointment.

Consulting hours:

- Monday to Thursday 09:00 - 13:00 and 15:00 – 19:00
- Friday 09:00 – 13:00

We are based in Centurion, Pretoria.

Once you have made an appointment fill in the client details form and scan or email it together with a copy of your identity document and your medical aid card front and back.

Fax these documents through to us at 086 691 5032 or email us at jeanette@eurekacentre.co.za

We will then email you the banking details. Once we receive proof of payment for the first appointment your appointment will be confirmed.

When you come for your first appointment

Please be there 15 minutes prior to the time of your appointment to do the necessary administration.

Please bring along your identity document as well as your medical aid card.

Phone us to make an appointment for the most important investment of your life.

Warm regards
The Eureka Team
1. CLIENT DETAILS

Title: ___________________________ Surname: ___________________________
Full names: ______________________ Name called: _______________________
Marital status: ____________________ Age: _____________________________
ID no.: ___________________________ Standard (if applicable) ______________
School/Occupation: ___________________
Postal address: _____________________ Home address (If not the same): _______
                                    ___________________ ______________________
                                    ___________________ ______________________
Postal code: ________________________ Tel: (_) _______________________ Postal code: _______
                                    ___________________ Cell: _______________________
                                    ___________________ Tel: (_) _______________________  
                                    ___________________ ______________________
                                    ___________________ ______________________
e-mail: ___________________________  

2. PERSON RESPONSIBLE FOR THE ACCOUNT

Title, Initials, Surname: ___________________________
Postal address: ___________________________ Code: _______________________
Home address: ___________________________ Code: _______________________
Name of employer and address: ________________
Tel. No.: (W) ___________________ (H) ___________________ (Cell) ____________
Occupation: ___________________________ ID No.: _______________________

3. Medical Aid: ___________________________ Number: _______________________

4. Referred by: ___________________________ Name of doctor: _______________________

5. Name of closest family member/friend: (Not the same address) _______________________
Address: ___________________________ Code: _______________________
Tel: ________________________________ Relationship: _______________________

6. Agreement with regards to payment

   6.1 I undertake to cancel an appointment 24 hours before the time, if I cannot attend. If I fail to do so, I will be responsible for the full fee.
   6.2 I understand that a contracted out fee is charged. I undertake to pay the private contribution of each session and to settle the full amount if my medical aid fails to pay the contracted in fee that will be claimed.
   6.3 I undertake to pay compound interest at the rate of 15.5% per annum from the date of therapy should my account be in arrears.
   6.4 In the event of legal action I undertake to pay legal costs on the scale as between my attorney and client.
   6.5 I choose as domicilium citandii et executandi the residential address as contained in Clause 2 above.

I DECLARE THAT THE ABOVE MENTIONED INFORMATION IS TRUE AND CORRECT AND I ACCEPT THE CONTRACTUAL AGREEMENT AND THAT I AM OBLIGATED TO IT.

SIGNED AT: ___________________________ ON THIS ___________ DAY OF ___________

SIGNATURE ___________________________________ NAME _______________________


## 1. KLIENTBESONDERHEDE

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<th>Van:</th>
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<tbody>
<tr>
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<td>Werk/Spoorlade:</td>
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## 2. PERSOON VERANTWOORDELIK VIR REKENING:

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<td>Beroep:</td>
<td>Identifikasie No.:</td>
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## 3. Mediese fonds:

<table>
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## 4. Verwys deur:

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<th>Naam van dokter:</th>
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## 5. Naam van naaste familielid/vriend: (Nie van dieselfde adres nie)

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<tr>
<td>Tel:</td>
<td>Verwantskap:</td>
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## 6. Ooreenkoms ten opsigte van betaling

6.1 Ek onderrig om 'n afspraak 24 uur voor die tyd te kanselleer indien ek dit nie kan nakom nie.
6.2 Ek verstaan dat 'n uitgekontrakteerde fooi gehef word. Ek onderrig om met elke sessie die bybetaling te betaal en aanvaar volle aanspreeklikheid indien my mediese fonds in gebreke bly om die ingekontrakteerde fooi wat geëis word, te betaal.
6.3 Ek onderrig om saamgestelde rente teen 15,5% per jaar te betaal vanaf datum van terapiessessie indien my rekening agterstallig raak.
6.4 In geval van enige regstappe onderrig ek om regskostes te betaal op die skaal tussen prokureur en klient.
6.5 Ek kies as domicilium citandi et executandi die woonadres in klousele 2 hierbo.

EK VERKLAAR DAT BOVEMELDE INLIGTING IN ALLE OPSIGTE WAAR EN KORREK IS EN DAT EK KENNIS NEEM VAN DIE KONTRAKTUELLE OOREENKOMS EN MY DAARTEG VERBIND.

GETEKEN TE: ________________________ OP HIERDIE ___________ DAG VAN ________________________

HANDTEKENING ________________________ NAAM ________________________