

## Personal Details

All client information shared will be treated with strict privacy and confidentiality.

**Frist Name \***

**Last Name \***

**Date of Birth \***

Month Day Year

**Address \***

Street Address

Street Address Line 2

City State / Province

Post Code

**Phone Number \***

Please enter a valid phone number.

**Email \***

example@example.com

## Medical History

**Are you currently under the care of another therapist?**

Yes

No

**Have you had hypnotherapy before?**

Yes

No

**Are you currently taking any medication? \***

Yes

No

**If yes, what is it and why was it prescribed?**

**Are you a smoker?**

Yes

No

**Describe your alcohol consumption**

- I don't drink at all
- Occasionally / Socially
- Occasional binges
- A glass or two at night
- Every day
- I use alcohol to help me sleep or to wind down

**Describe your quality of sleep**

- Good
- Avarage
- Poor
- Varies

**Have you ever suffered from any of the following or been diagnosed with any of the following?**

- |                               |                     |
|-------------------------------|---------------------|
| Depression                    | Anxiety             |
| Chronic Insomnia              | Phobias             |
| Addictions                    | Compulsive Disorder |
| Drug Abuse                    | Eating Disorders    |
| Schizophrenia                 | Bipolar Disorders   |
| Epilepsy                      | Schizophrenia       |
| Psychosis                     | None of the above   |
| Multiple Personality Disorder |                     |

**If yes, by whor and when**

**Do you suffer from any of the following?**

Respiratory Problems

Digestive Issues

High Blood Pressure

Dizziness/Fainting

None of the above

**Administrative Questions**

### **How did you find out about the clinic?**

- Doctor's referral
- Other Therapist
- Hypnotherapy Association
- Google
- Friend / Word of mouth

### **Would you like to be kept informed of workshops that would support and reinforce the work you have done here in the clinic:**

- Yes
- No

### **Would you be willing to answer a short questionnaire sometime in the future for research purposes?**

- Yes
- No

### **Cancellation Policy**

#### **I acknowledge that unless I give 24 hours notice of a session cancellation, may be charged in full \***

- I agree
- I do not agree

### **Hypnotherapy Consent**

## **WAIVER OF LIABILITY**

By their signature below, the above-named client voluntarily agrees by their own free will and desire to be the subject of a Hypnotherapy session and accepts full responsibility for any and all injury arising from the Hypnotherapy session. The client shall hold harmless all parties involved in the Hypnotherapy session.

## **SOUND MENTAL HEALTH ACKNOWLEDGEMENT**

The client has been asked if fully aware that they have disclosed to the practitioner any mental health issues they may presently have and/or any pharmaceutical medications or other professional treatments they have used in the past or are presently using.

## **DISCLAIMER**

THE CLIENT UNDERSTANDS THAT THE HYPNOTHERAPIST MAY BE NEITHER A TRAINED PSYCHOLOGIST NOR A MEDICAL DOCTOR. At no time will the Hypnotherapist attempt to provide medical or mental health therapy. The client affirms that hypnotherapy is appropriate for them and does not conflict with existing medical or psychiatric treatment. Always follow the advice of your physician or another professional medical practitioner.

## **WARRANTY**

No warranty is given, expressed or implied, for satisfactory results from the Hypnotherapy/Counselling session.

## **METHODS USED**

The Hypnotherapist employs Hypnotherapy Mesmerism and relaxation techniques and/or a combination of these methods to facilitate the client's quest for self-improvement. Specific techniques may include Body Relaxation, Directed Meditation, Age Regression, Counselling, Past-Life Regression, NLP and other Behaviour Modification techniques.

**Do you consent to the use of hypnosis as a treatment tool during your clinical hypnosis session \***

I consent

**Your name \***

**Date of signature \***

Month   Day   Year

