



### Confidential Client History

This form is to be completed before or at the initial session.

Date: \_\_\_/\_\_\_/20\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ (indicate preferred\*)

Email: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Occupation: \_\_\_\_\_ Originally from.... \_\_\_\_\_

Marital Status: \_\_\_\_\_ No of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Has anyone tried to hypnotize you? Y / N  
If yes, Why? \_\_\_\_\_

How did you discover our office and the  
Professional services we offer?  
\_\_\_\_\_

If Yes, do you believe you were hypnotized? Y / N  
Why? \_\_\_\_\_

If referred, by whom?  
\_\_\_\_\_

Have you ever attempted to address *the issue you wish to deal with* (see box) before? Y / N  
If yes, when and by which approach?  
\_\_\_\_\_

**Reason you are coming for hypnosis**

Results from attempts at dealing with this issue.  
\_\_\_\_\_

We find it useful to sometimes use a holistic Approach (mind-body-spirit) when appropriate.  
Would you consider yourself a spiritual person?  
(Circle One) Yes - No - Maybe

#### Medical History

Are you currently undergoing medical or psychological treatment for the *above issue*? Y / N

If yes, where and by whom? \_\_\_\_\_

Have you ever been treated for? Heart \_\_\_ Diabetes \_\_\_ Epilepsy \_\_\_ Pain \_\_\_ Depression \_\_\_

Are you currently taking any medication? Y / N If yes, what? \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Have you had any prolonged illness? Y / N If yes, what? \_\_\_\_\_

Have you been treated for emotional problems? Y / N Are you currently receiving treatment or counseling? Y / N

## Information Regarding Hypnosis

**Approach:** As consulting hypnotists we utilize Techniques and instruction to help clients make changes both consciously and subconsciously. Techniques used include but are not limited to, hypnosis, hypnotherapy, self-hypnosis instruction, relaxation training, visualization, instructional handouts, and video support. As consulting hypnotists we follow a strong Code of Ethics based upon those set by the National Guild of Hypnotists (USA). Clients may expect courteous treatment while providing professional services in accordance with acquired training and experience during scheduled consultations to facilitate our Client's benefits.

**Fees and Billing:** Fees for seeing a consulting hypnotist for individual sessions are \$100.00 plus tax. Client session rates for those aged below 16 years are \$80.00. We do not bill insurance companies for our services; however, some insurance companies may reimburse you for services. Check with your insurance company or policy for additional details. You have the right to freely seek services elsewhere at any time. Other practitioners in the area are listed in telephone directories, and international listings are available through the National Guild of Hypnotists (USA) ([www.ngh.net](http://www.ngh.net)). We can also make specific referrals if requested.

**Cancellation Policy:** We aim to provide the best service by giving our clients a personally allotted session time. When clients do not show for appointments our consulting hypnotist is left idle. We require 24 hours notice of cancellation. If clients fail to arrive and have not given sufficient notice, the cost of one half of the session fee will be invoiced as a no show penalty. We understand that there are emergencies that cannot be avoided. If genuine reason prevented you from attending, your case can be considered at our discretion.

**Late Arrivals:** If we have notice of even a few hours that you will be late for a good reason we can sometimes re-shuffle our schedule to allow for this. If a client just turns up late it may not be possible to do your session without inconveniencing clients who expect to be attended to at their appointment time. In this case we would have to treat a late arrival as a failure to arrive with the same penalties.

**Duration of Treatment:** Hypnosis is a brief therapy. Typically work is done in six sessions or less; but on rare occasions, sessions may go longer. Our session allocation is between 1 hour to 1.5 hours.

**Medical Issues and Referrals:** Services to be provided do not include the practice of medicine, as consulting hypnotists are not licensed physicians. These services are non-diagnostic, and are complementary to other health and medical practices. As such, if client is currently seeing a mental or physical health professional, we require a referral prior to our conducting sessions. If this should apply to you, please let us know and we will arrange for a letter and confirmation to be sent to your health practitioner.

**Confidentiality Agreement:** Your sessions are Confidential. Client records and transactions with the practitioner are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by law.

Your signature on this form indicates that you have read and understood this Client Information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_