CONFIDENTIAL CLIENT INFORMATION

Full Name: _____ Today's Date: _____

Address:_____City:_____State:_____Zipcode_____

Day Phone:_____ Evening Phone: _____

Cell Phone:_____ Email Address: _____

Employer/Source of Income:_____Occupation:_____

Date of Birth_____ Marital Status (check one) __Married __Single __Divorced __Separated __Widowed

General Health: __Good __Fair __Poor Months since last physical exam:_____

Physician:_____ Any notable findings:_____
Physician:_____
Physician:_____ Did your doctor recommend you stop smoking? Y N
We normally work closely with our clients' physicians. If you have any objection to this, please speak with us by phone or in the office.

Please note any medications or other preparations (e.g., megavitamins) and daily dosage.

What *specific* problem or situation brings you in? (Summarize briefly)

How long have you been dealing with this situation?_____

What methods have you used to try and deal with this before?_____

How did you hear about us?_____

Here is a list of issues which often lead people to seek professional assistance.
Please check those you feel may apply to you. You may add any items we missed.

__Smoking
__Alcohol Usage
__Artist's Block
__Athletic Performance
__GERD/IBS
__Poor Eyesight
__Learning Acceleration
__Substance Abuse
__Eating Disorders
__Stuttering
__Acne/Psoriasis/Rosacea
__Lack of Energy
__Insomnia
__Snoring
__Other_____

__Weight Problems
__Phobic Reactions
__Pain
__Relationship Issues
__Stress/Hypertension
__School Problems
__Self-Motivation
__Sexuality
__Menstrual Cramps
__Surgical Anxiety
__Breast Enlargement
__Work Problems
__Hormonal Problems
__Motion Sickness

__Anger/Irritability
__ADD/ADHD
__Spelling Problems/Dyslexia
__Allergies
__Stroke Recovery
__Migraines
__Impotence/Frigidity
__Hair Pulling/Teeth Grinding
__Nausea
__Confidence
__Bedwetting
__Nightmares
__Baldness
__Pre/Post Surgical

DISCLAIMER

I UNDERSTAND THAT HYPNOSIS IS NOT MIND CONTROL, AND THAT THE HYPNOTHERAPIST DOES NOT DO ANYTHING TO ME WHILE IN OR OUT OF TRANCE.

I understand that the hypnotherapist is simply an educator, and does not diagnose, cure, or treat in any way, medical conditions, illnesses, or diseases.

I UNDERSTAND THAT THE HYPNOTHERAPIST CANNOT GUARANTEE RESULTS ANY MORE THAN A DOCTOR CAN GUARANTEE RESULTS FROM A PARTICULAR PRESCRIPTION OR SURGICAL PROCEDURE.

I understand that all hypnosis is self-hypnosis, and that the hypnotherapist is present simply to help me learn how to perform abovesaid self-hypnosis, and to formulate useful suggestions. Any results I achieve are caused directly and solely by me.

I UNDERSTAND THAT IF I DO NOT FOLLOW THE INSTRUCTIONS GIVEN TO ME REGARDING THE TRANCE STATE AND TO THE DAILY FOLLOWUP EXERCISES, MY CHANCES OF SUCCESS WITH SELF-HYPNOSIS ARE MINIMAL.

Knowing that anything that occurs while in hypnosis, or is related to hypnosis, is a direct result of my actions and thought patterns, I hereby absolve and release the hypnotherapist from any responsibility of all results, expected or unexpected, that I may achieve from self-hypnosis.

I hereby commit to following any and all instructions the hypnotherapist may give me regarding the reason for my patronage, knowing that if he provides instructions that I deem harmful or inappropriate, I can tell him that I am not comfortable with them, and we will agree on something more appropriate.

I understand that the hypnotherapist is under no obligation to me if the provided suggestions "don't work", and that the hypnotherapist has NO STATED REFUND POLICY.

I understand no one now or formerly living on this planet has suffered adverse affects simply from being hypnotized.

I understand the hypnotherapist has helped hundreds of people, and that my chances of success with hypnosis are excellent if I accept and follow his instructions without reservation.

I understand THIS SESSION WILL BE RECORDED for Practice Name's client files.

Name (please print)_____

Signature _____

Signed this _____ day of _____, 200__

Client Name_____ Client #_____ Date_____

Session # 0 0 0 0 0 smoking? Y N

Payment Method_____ Amount $_____
Presenting Issue_____ Deposit $_____
Signed all forms __

Recording? Y N If no, why not?

Pretalk complete? __ __ wantto/haveto __ heroin/nrt __ excuses(stress/relax/will)
__ mind model __ expect 30%__ contract and 4 ways

Trance Training __

Ideomotor Signals __

Framework __

Direct Drive __

Reasons - motivation __

Anchoring __

Color red __

Emerge __

Ratify __

Ask and supply __

Testimonial? __

Cigs & lighter __