Hypnosis Columbia LLC
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Confidential Client Intake & Release Form

This form is to be completed and returned <u>at or before</u> the first session: Date _____

Name _____ Home Phone _____ Cell Phone _____

*Address _____City _____State _____ Zip _____

Date of birth _____ Age _____ Sex _____ Marital Status _____ No. of Children: _____

E-mail address: _____ Occupation _____

Emergency Contact (Name, telephone, address):_____

_____

How did you hear about us? _____ If a referral, who referred you? _____

Has anyone ever tried to hypnotize you?_____ Reason _____

Do you believe that you were hypnotized? _____Why?_____

Generally, how did it go for you? _____

THE MAIN ISSUE you are coming in now for hypnosis:_____

What other methods have you tried to address this? _____

What has been MOST successful for you? _____

<u>In what other areas would you be interested in making improvements?</u> *Check (or highlight) all that apply:*

□ Lose Weight	□ Improve Confidence	□ Improve Sleep
□ Quit Smoking	□ Overcome Fears	□ Remove Unwanted Habits
□ Reduce Anxiety	□ Relieve Pain	□ Eliminate Procrastination

□ Something else? _____

Medical History

If applicable, please provide a list of all medications you are currently taking, and the reason for taking them:

_____

_____

_____

Have you ever been treated for? Heart___ Diabetes___ Epilepsy___ Pain___

Have you had any prolonged illness? Yes___ No___ If "yes", please explain_____

Name and telephone number of Healthcare Provider_____

_____

Have you ever consulted or are you currently seeing a doctor concerning depression or other mental health issues?

Yes___ No___ Issue/Diagnosis: _____

Name and telephone number of Mental Health Care provider_____

<u>Permission to Consult With Health Care Providers (this may be required):</u>

Do we have your permission to talk to your Doctor/Heath Care Provider? _____

Do we have permission to talk to your Mental Health Care Provider? _____

Other/Miscellaneous

1. What is your favorite color(s)?_____
2. When you think of a calm place, what comes to your mind?_____
3. List any fears or "phobias"_____
4. Do you follow any spiritual or meditative practices?_____
5. What do you do for fun or in your spare time?_____

Are you currently/recently been experiencing any of the following *Check (or highlight) all that apply:*

□ nervousness	□ inability to relax	□ sleeplessness
□ compulsive tendencies	□ teeth grinding	□ poor health
□ cigarette smoking	□ alcohol abuse	□ compulsive overeating
□ codependency	□ inability to focus attention	□ marital problems
□ recent divorce	□ war trauma	□ childhood trauma
□ poor self-esteem	□ abusive home situation	□ abusive work situation

Other: _____

RELEASE STATEMENT

"By signing this, I understand that hypnosis and hypnotherapy are not a substitute for medical or psychological care or medication. Hypnosis is not meant to diagnose or treat any disease, but rather it is intended to provide information, education, and motivation that will promote feeling better, improving faster, and generally being more effective. It is designed to give me insight and tools into my innate healing potential and guide me into being more effective in helping myself. ***I have been encouraged to advise my doctor and/or seek the advice of a licensed health care provider, should I choose to, with regard to treating me for specific medical or psychological problems.***

I hereby authorize Hypnosis Columbia LLC to hypnotize me for the purposes outlined in this intake form and for future purposes that I may request. I understand that the success of my hypnosis sessions depends greatly on my own ability to participate and desire to create change in myself. I understand that like other healing arts, the practice of hypnosis and hypnotherapy is not an exact science. I understand that Hypnosis Columbia LLC cannot offer any guarantee of the exact outcome of my treatment, nor are refunds given for services rendered. I am aware, however, that Hypnosis Columbia LLC will do everything in its power to ensure my success.

I do hereby release and discharge Hypnosis Columbia LLC and its associates from all claims of damages or responsibility from alleged damages arising from or growing out of my participation in hypnosis, Neuro-linguistic Programming, visualization or other tools and techniques employed by Hypnosis Columbia LLC.

Also, I understand that audio and video recordings may be made during sessions and that Hypnosis Columbia LLC retains rights to these recordings. We will inform before hand if we do this.

By signing this form, I am stating that I have read this form and understand all of its contents.

Printed Name_____Date_____

Signature _____

If Client under the age of 18

Printed Name of Parent/Guardian Name_____

Signature of Parent/Guardian_____