

PLEASE PRINT. All Information Is Strictly Confidential

Name		Today's date:	
Address			
City		State	Zip Code
Phone # Home ()		Phone # Work ()	
Age	DOB / /	Marital Status S M D W	Religion: Occupation
E Mail:			
Children?	Ages	Referred By: Name & Ph. #	
Are You Presently Under Medical Or Psychological Care?		No Yes Describe	Are You Taking Medication?
		No Yes Describe	No Yes Describe
Do You Suffer From Any Phobias or medical condition?			
Diabetes Epilepsy Asthma H B Pressure No Yes Describe			
Primary care Physician name & Phone #:			
Emergency Contact	Phone #	Relationship	
Employer	Position		
Have You Been Hypnotized Before? Yes No Results?			
What Do You Expect Out Of This Session?			
<p>Last minute cancellations prohibit other clients from utilizing our services and leave us with unproductive time. There will be NO refund on deposits for cancellations or for any no shows. A 15 minute grace period will be allowed for tardiness. Sessions are 45-60 minutes and start running from the time the session was scheduled.</p> <p>Initial: _____</p> <p>I am willing to be assisted in reaching my goals through counseling, hypnosis, guided imagery, NLP visualization, kinesiology, and healing techniques. I understand that the assistance I will be getting is NOT a substitute for medical or psychiatric care. I am encouraged to discuss these sessions with the physician who attends to me now or in the future. I am advised to continue any medication or treatment I am currently on, and to discuss any changes and improvements with my attending physician.</p> <p>I am to understand that my participation, commitment and dedication are a must in order to accomplish my goals and for successful and productive sessions. It is required that I follow suggestions and instructions to the best of my abilities in order to obtain the positive outcome expected from the therapeutic processes involved in the sessions. Furthermore, I agree to always show up on time, and attend all the sessions required for the successful completion of the program prescribed.</p> <p>All information provided is true to the best of my knowledge.</p>			
Signed:		Print Name:	
<p>For minors only</p> <p>I, parent/guardian of the mentioned minor give my permission for the child to attend and receive the prescribed assistance through the _____ Signed By:</p> <p>I attest that medical approval has been given for this child to attend these sessions and that such approval is available. Relationship to minor:</p> <p>Minor's name: _____</p>			