

Wisdom To Thrive Hypnotherapy & Life Coaching services

www.wisdomtothrive.com

Client Intake Form and Agreement

Client Information

- Full Name:
- Date of Birth: Age: Sex: M / F
- Address:
- City: State: Zip:
- Phone (Home): Phone (Work):
- Email:
- Emergency Contact:

Background

- Occupation:
- Marital Status:
- Presenting Issue / Reason for Hypnosis:

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- Medical History (relevant conditions, medications):

Have you ever been treated for an emotional problem? **Yes No**

If yes, please explain:

Have you ever been treated for: (circle) Diabetes – Epilepsy – Heart Disorder – Digestive Problems

Have you ever been hypnotized before? **Yes No**

If yes please explain:

What do you want to accomplish through the use of hypnosis?

Any previous efforts to solve this problem? **Yes No**

Do you have any fears or phobias?

- Previous Hypnosis / Therapy Experience:

- *As a client, I understand and agree that I am fully responsible for my well-being during my coaching sessions, including my choices and decisions. I am aware that I can choose to discontinue coaching at any time. I recognize that coaching is not psychotherapy, medical advice, or psychiatric care and that professional referrals will be given if needed.*
- *I understand that “life coaching” is a relationship I have with my coach that is designed to facilitate the create/development of personal, professional, business, health, spiritual and other personal goals and carry out a strategy/plan/action/ for achieving those goals. I understand that life coaching is comprehensive and may involve exploration into all areas of my life, including work, finances, health, spiritual, relationships, education, and recreation. I acknowledge that deciding how to handle these issues and implement my choices is exclusively my responsibility.*
- *I understand that life coaching does not treat mental disorders as defined by the American Psychiatric Association. I understand that life coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care, or substance abuse treatment, and I will not use it in place of any form of therapy.*
- *I promise that if I am currently in therapy or otherwise under the care of a mental health professional, I have consulted with this person regarding the advisability of working with a life coach/hypnotherapist and that this person is aware of my decision to proceed with the life coaching relationship.*
- *I understand that the information will be held as confidential unless I state otherwise in writing, except as required by law.*
- *I understand that certain topics may be anonymously shared with other life-coaching professionals for training, or consultation purposes.*
- *I understand that life coaching is not to be used in lieu of professional advice. I will seek professional guidance for legal, medical, financial, business, spiritual, or other matters. I understand that all decisions in these areas are exclusively mine, and I acknowledge that my decision and my actions regarding them are my responsibility.*
- *I am willing to be guided through relaxation, visual imagery, creative visualization, hypnosis, and stress reduction processes and techniques for the purpose of vocational or avocational self-improvement. I understand that the hypnotherapy I am receiving is not a substitute for normal medical care and I have been advised to discuss this hypnotherapy with any doctor who is taking care of me now or in the future.*
- *Additionally, I should continue any present medical treatment and consult my regular medical doctor for treatment of any new or old illnesses.*

• Client Signature: _____ Date: _____

Confidentiality & Consent Agreement

All information shared in hypnosis sessions is confidential. Records will not be released without written consent, except where required by law (e.g., risk of harm to self or others).

Clients have the right to review their records and request copies.

By signing below, I acknowledge that I understand the nature of hypnosis as a supportive modality, I consent to participate voluntarily, and I agree that my practitioner will keep my records secure and confidential.

- Client Signature: _____ Date: _____
- Practitioner Signature: _____ Date: _____