

Mind Your Way Hypnotherapy Client Intake Form

www.mindyourwayhypnotherapy.com

Name:

Address:

Phone number:

Email address:

Age:

How did you find out about Mind Your Way Hypnotherapy?

Reason for your visit?

Have you ever been in Counseling before?

Have you ever been hypnotized by a hypnotist or hypnotherapist before?

Have you been diagnosed with a mental illness, personality disorder, cognitive disorder, brain injury or any other diagnosed brain related condition?

As I enter into this relationship, I agree to the following:

1. I am participating in counseling hypnotherapy by my own choice, because I want to be here.
2. I understand that I am not a patient, but a co-operator in my counseling hypnotherapy experience.
3. I acknowledge the futility of blame for both myself and for others.
4. I understand that my progress here involves how I care for myself physically, mentally, emotionally and spiritually.
5. I understand that transformation is a process and that it can take time.
6. By signing this form I acknowledge that I will give a 24-hour notice in case I need to cancel or re-schedule my appointments and that if I do not- I will pay for the full price of the session that I had scheduled.

Name (please print)

Signature

Date