

Self Empowered Minds

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HYPNOSIS/BIOFEEDBACK PROFILE SHEET (For internal records Only - PLEASE PRINT)

Return Completed Form to: Saba@SelfEmpoweredMinds.com

NAME OF CLIENT _____ TODAY'S DATE _____

ADDRESS _____

CITY, STATE & ZIP _____

OCCUPATION _____ DATE OF BIRTH _____ SEX M F

HOME PHONE _____ WORK _____

CELL _____ E-MAIL _____

		<i>If you answered YES to anything in this column, Biofeedback should NOT be performed</i>	
Number of cigarettes smoked per day		Number of alcohol drinks per day	Are you pregnant or possibly pregnant?
Number of exercise sessions per week		Amount of sugar per day (1- minimal, 2- moderate, 3- excessive)	Do you have Epilepsy?
Amount of toxic exposure such as radiation, chemicals, etc. (1- minimal, 2- moderate, 3- excessive)		Sensitivity to toxic exposure (1- minimal, 2- moderate, 3- excessive)	Do you have a pacemaker or heart condition?
Stress Level (1- mild, 2- moderate, 3- severe)		Allergies (1- mild, 2- moderate, 3- severe)	

BIOFEEDBACK REQUIRED INFORMATION:

FULL NAME AT BIRTH _____ TIME OF BIRTH _____ AM PM

PLACE OF BIRTH: City/State _____ Country _____

***** If your visit is for quitting smoking, DO NOT SMOKE for at least 4 HOURS BEFORE your session.**

1. Why are you requesting Hypnosis and/or Biofeedback and what are you seeking to achieve?
Briefly describe what's occurring or not occurring.

2. Do you suffer from any diseases, whatsoever, such as Heart Trouble, Lung Disorders, Epilepsy, Diagnosed Depression, etc.?

3. Please list your physicians name, address & telephone number if necessary for consultation purposes:

4. Are you currently under a physician's medical treatment, psychiatric treatment or other medical care?

5. Are you currently undergoing any sort of therapy, if so, please list, include therapists name, address & phone:

6. Are you currently taking any prescribed medications? If so please list:

For Hypnosis Services:

I fully understand that in no way is the (called in NY State non-therapeutic) consulting hypnosis / hypnotism in this or any session, private or group, or via reinforcement modality to be a replacement for my physician, any medical treatments or counseling or therapy of any kind that I may need, may be undergoing or may require, as required by my doctor, therapist or as prescribed by law. I further state that I do this of my own free will and I do this as a method of personal self-development / wellness and as with any modality, all results achieved or not achieved are my personal responsibility and in full conjunction with and acknowledgement of all attending medical and psychological professionals whose care I am or may be under. It is fully understood and agreed to, the use clinical hypnotism and or discussion in this session including any and all work provided, is limited to the complementary use of hypnotic arts and sciences to enhance the natural restorative and coping abilities of the client. Consulting Hypnotists/Hypnotism helps ordinary, everyday people with ordinary, everyday problems using individual hypnotic techniques. I understand that I am fully responsible for any and all outcomes achieved or not achieved. I fully understand and hereby agree that Hypnotist Saba Hocek is not a doctor of medicine, does not practice medicine by any means, does not diagnose or name diseases, does not treat specific conditions or ailments and does not prescribe medication, adjust medication nor practice therapy as prescribed by state law. I understand that hypnosis is a normal and naturally occurring state of consciousness and that through which I will receive beneficial suggestions to motivate/inculcate improvement in my life. I further agree to participate in this program, attending all sessions and performing all suggested exercises to achieve success. If a recording of the self-hypnosis / self-hypnotism is provided as reinforcement modality, I promise not to, under any circumstances, duplicate, copy, reproduce, sample nor otherwise share said recording with anyone and not to play the said recording in a car or in any motor vehicle at any time. In accordance with all applicable laws, the services rendered are held out to the public as non-therapeutic Hypnotism, defined as the use of hypnosis to inculcate positive thinking and the capacity for self-hypnosis as defined by current state law. Hypnotist Saba Hocek does not represent nor provides, nor holds out his services as any form of medical, behavioral, or mental health care, psychotherapy, and despite research to the contrary, by law no health benefit claims are made for these services. I also attest and fully understand that this is being done in full accordance and compliance with Local, State & Federal Law and is considered and understood to be in full accordance with said law. I attest here that the information I have provided here is true and accurate to the best of my knowledge.

_____ (initials)

For Biofeedback Sessions:

I understand that the attending practitioners are not allopathic doctors (MDs) and do not portray themselves to be but are providing biofeedback and wellness services. I understand that the services provided identify energetic imbalances. Procedures utilized include stress reduction protocols, nutritional wellness consultation and biofeedback. I fully understand that the attending practitioners do not offer allopathic drugs, surgery, chemical stimulants, or any other conventional treatments. In addition, we do not diagnose, treat or otherwise prescribe for my disease, conditions or illness, or perform any act that would constitute the practice of medicine for which a license is required. I have solicited the attending practitioners' services in good faith, exercising my free will and following the dictates of my own conscience which allows me to select what I understand is most beneficial to my health. I am fully aware and release the practitioner to do biofeedback testing, wellness consultation and other stress reduction protocols. By signing below I acknowledge that I have read and understand all parts of this waiver, that I had the opportunity to ask any questions with regard to the described procedures, and that I hereby affirm: I am not here for medical diagnostic or treatment procedures and I am here on this and any subsequent visit solely on my own behalf.

_____ (initials)

CANCELLATION/RESCHEDULE POLICY

Cancellations/Rescheduling less than 2 days of the appointment will be charged the full appointment fee. The credit card shown below will not be charged unless the appointment is cancelled/rescheduled less than 2 days of the appointment. Services may be paid by credit card or cash. Credit cards are subject to an \$8.00 service fee.

Name of credit card: _____ Zip code: _____

Credit Card Number: _____ Exp. Date: _____ Security Number: _____

Signature: _____ Print Name _____ Date _____

Relationship to Client: Self Other _____ *Would you like to receive promotions occasionally?* Yes No

Is Client specified above a minor, under 18 years of age? Yes No *Would you like to receive relevant articles occasionally?* Yes No

Note: Self Empowered Minds agrees to keep all client information including history, discussions, procedures and results obtained from the above services strictly confidential and may not be shared with anybody unless authorized in writing by the client.

PLEASE CHECK ANY ONGOING CONDITIONS

(For Biofeedback Sessions Only)

--A--	Cholesterol	Flu/Cold	--J--	--O--	Spleen
Abscess	Crohn's Disease	Food Poisoning	Jaundice	Obesity	Sprain
Acne	Chronic Fatigue	Fungus	--K--	Osteoporosis	Sterility
AIDS	Circulation		Kidney	Ovary	Stomach
Addiction	Cold/Flu		Kidney Stones	Oxygen	Stress Reduction
Addison's Disease	Colic	--G--	Knee	--P--	Stroke
Adenoids	Coma	Gall Bladder Gall		Pain	Sweating
Adrenals	Conjunctivitis	Stones Gangrene	--L--	Management	Sympathetic
Alcoholism	Constipation	Gastritis	Lactation	Palpitations	--T--
Allergy	Cough	General Digestion	Lactose	Pancreas	Tendonitis
Alzheimer's	Cranial Bones	Glands	Intolerance	Paralysis	Thoracic
ALS-Amyotrophic	Cranial Sacral	Gum	Laryngitis/Larynx	Parasympathetic	Throat
Lateral Sclerosis	Panel		Leaky Gut	Parkinson's	Thymus
Amoeba Anemia	Cuts/Wound	--H--	Syndrome	Ph Balance	Thyroid
Aneurysm Anger	Cystitis	Hay fever	Learning	Pharyngitis	TMJ
Ankles	Cysts	Headache	Disabilities	Phobias Pituitary	Tonsillitis
Anorexia	--D--	Heart	Leukemia	Pleurisy	Toothache
Anti-Aging	Dandruff	Heat Exhaustion	Liver	Pneumonia	Tuberculosis
Anxiety	Deafness	Hemorrhage	Lou Gehrig's	Poison Ivy/	Tumor
Appetite Increase	Degeneration	Hemorrhoid	Lower Back/	Poison Oak	--U--
Appetite Decreases	Dental	Hepatitis	Sciatic	Prions	Ulcers
Arm	Depression	Hernia	Lungs	Prostate	--V--
Arteries & Veins	Detoxification	Herpes	Lupus	--R--	Varicose Veins
Arthritis	Diabetes	Hiccups	Lyme Disease	Rash	Vertigo
Asthma	Diaphragm	Hip Bones	Lymph	Reflexology	Virus
Athlete's Foot	Diarrhea	Hormones		Rheumatism	Vocal Disorders
ADD&ADHD	Digestion	Hydration	--M--		Vomiting
Autism	Dizziness	Hypertension	Macular	--S--	--W--
	Dyslexia	Hypochondriac	Degeneration	Schizophrenia	Warts & Moles
--B--	--E--	Hypoglycemia	Malaria	Seizures	Weight Loss
Bacteria Balance	Ear	Hypothalamus	Measles Memory	Sexual Desire	Worms
Disorder	Eczema	Hypothyroid	Menier's	STD	Wound Repair
Baldness/	Elbow		Menopause	Sinuses/Sinusitis	Wrist Pain
Alopecia/ Hair	Emotional	--I--	Menstruation	Skin	--Y--
Loss	Concerns	Immune System	Metacarpal	Sleep	Yeast Infection
Bladder	Endocrine	Impotence	Tunnel Syndrome	Sleep Apnea	
Bloating	Endometriosis	Incontinence	Miasms	Spasm	
Blood Analysis	Energy	Indigestion	Migraine	Speech	
Bones	Enzymes	Infection	Miscarriage	Spine	
Bowel Flora	Epilepsy	Inflammation	Moles & Warts		
Bronchitis	Esophagus	Injury	Mononucleosis		
--C--	Eyes	Insomnia	Motion Sickness		
Cancer	--F--	Intestines Irritable	Multiple Sclerosis		
Candida	Fainting	Bowel Syndrome	Mumps		
Carpal Tunnel	Fat Digestion	Itch	Muscles Panel		
Chlamydia	Fear/Phobia		--N--		
	Fertility		Neurological		
	Fever		Nightmares		
	Fibromyalgia		Stress Reduction		
	Fibrositis				
	Fibrous Tissue				
	Flatulence				