

*Lori Donnelly Hypnotherapy*

*Wolf Creek Wellness*

*424-644-9598*

APPLICATION, PERSONAL DATA RECORD

To: Lori Donnelly C.HT

Client Assessment Form

*All information on this form is confidential and will not be shared with anyone. Please answer the questions as honestly as you can.*

*Please either save this form as your name and send it back to me as an attachment, or simply copy and paste it into the body of an email.*

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Relationship of contact: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Referred by: \_\_\_\_\_

Current state of health: \_\_\_\_\_

Do you have any neurological, ocular or medical issues? \_\_\_\_\_

Do you have a history of psychosis or psychotic conditions? \_\_\_\_\_

Do you suffer from epilepsy: \_\_\_\_\_

Have you seen or currently seeing another therapist for this issue? \_\_\_\_\_

Current medications: \_\_\_\_\_

Head Injury/Brain Traumas? \_\_\_\_\_

Please indicate if your child has any history of the following:

Falls Sports related concussions \_\_\_\_\_

Motor Cycle Accidents \_\_\_\_\_

Assaults \_\_\_\_\_

Loss of consciousness Altered consciousness (such as seeing stars, forgetfulness, etc.) \_\_\_\_\_

Describe anything checked above including the approximate date it occurred if known : \_\_\_\_\_  
\_\_\_\_\_

Please give an explanation of the problem you currently are experiencing: \_\_\_\_\_

How does this problem affect your daily life: \_\_\_\_\_

Do you experience any negative emotions for example guilt and anger: \_\_\_\_\_

What makes this problem worse: \_\_\_\_\_

Are there any particular negative memories associated with this issue? If so please give a brief description: \_\_\_\_\_

What would your life be like without this problem: \_\_\_\_\_

Any other information you think I should know about in regards to your issue: \_\_\_\_\_  
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Briefly describe who you share a home with (parents, siblings, grandparents etc.) \_\_\_\_\_  
\_\_\_\_\_

Did you have serious illnesses/injuries OR physical/emotional trauma as a child?

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Education Details: how do you feel about school: \_\_\_\_\_

Relationships do you get along well with Friends: \_\_\_\_\_

Briefly describe any other important relationships in your life. Are you satisfied with how they are going?

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Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services?

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Please indicate which type of treatment: Inpatient \_\_\_\_\_ Outpatient \_\_\_\_\_ Both \_\_\_\_\_

If yes, please indicate details: \_\_\_\_\_

Have you ever taken medications for psychiatric or emotional problems? \_\_\_\_\_

If yes, please indicate type, duration, results: \_\_\_\_\_

Do you have a family history of psychological/psychiatric disorders? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Have you been suicidal in the past month? \_\_\_\_\_

Have you ever had thoughts of taking your life? \_\_\_\_\_

Have you ever acted on these thoughts? \_\_\_\_\_

If yes, please describe what happened: \_\_\_\_\_

Has anyone in your family taken their own life or attempted suicide? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

What normally brings you joy? \_\_\_\_\_

What brought you Joy in the past? "Activities, passions, interests"

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Have you recently had difficulty experiencing that sense of joy? \_\_\_\_\_

How would you describe important aspects of your cultural/ethnic identity that would be important for me to consider as your therapist? \_\_\_\_\_

**Is there anything else that is important for me as your therapist to know about and that you have not written about on any of these forms?** \_\_\_\_\_

# *Lori Donnelly Hypnotherapy*

## *Wolf Creek Wellness*

424-644-9598

In recognition that millions of Californians receive a substantial volume of healthcare services from complementary and alternative health care practitioners, California Law allows access by California residents to complementary and alternative healthcare practitioners who are not providing services that require medical training and credentials. The following disclosure is provided in compliance with Section 2053.6 of the California Business and Professions Code.

The purpose of a program of hypnotherapy is for vocational and avocational self-improvement (Business and Professions Code 2908) and as alternative or complementary treatment to healing arts services licensed by the state. A hypnotherapist is not a licensed physician or psychologist and hypnotherapy services are not licensed by the State of California. Services are non-diagnostic and do not include the practice of medicine, neither should they be considered as a substitute for licensed medical or psychological services or procedures.

Hypnotherapists who assist clients with weight loss and/or other health and fitness goals may provide general nutritional advice and/or recommend published books, food guides and health and fitness publications. This is not a substitute for medical advice and you are advised to seek your Doctor's approval before making any medical/health/lifestyle changes.

Hypnosis works with the power of the subconscious mind to change habits and behaviors. The subconscious mind is considered to be the source or root of many of our behaviors, emotions, attitudes and motivations. Hypnosis is believed to be a powerful tool for accessing the subconscious mind and creating improvements in our lives.

Services consist of a program of conditioning, including an undetermined number of private sessions, depending on the client's individual needs. The hypnotist will to the best of his or her ability endeavor to accomplish the objectives of the client's sessions. While hypnosis may be an effective technique for many purposes, the effectiveness may vary from individual to individual, and no specific results or progress can be promised or guaranteed.

The feelings and experiences one has in the hypnotic state can vary from individual to individual. Many people remain completely aware of everything that is going on while in hypnosis. Some individuals experience a hyper-awareness where sensations are perceived enriched and vivid. The ability to visualize or imagine is often enhanced. A feeling of deep relaxation is common and some people describe the hypnotic state as an escape from physical tension and emotional stress, while remaining completely alert.

The use of hypnosis could elicit memories of past events which may or may not be literally true. It is possible that events under hypnosis will be distorted or misconstrued. Memories or images evoked under hypnosis are not necessarily accurate and may be a construction or a composite of memories. Without corroborating information, it is not possible to determine whether a specific memory is true or false, even if it seems true to the client.

While it is the practice of Hypnotherapists to keep information confidential, information revealed in hypnotherapy is not subject to the psychotherapist-patient privilege. A court may order disclosure of information learned in therapy.

*I have received a copy of this disclosure and understand the information described above. I have also read the accompanying document which is a biography of the Hypnotherapists education, training, experience and other qualifications regarding the services to be provided.*

Client Name or Guardian (please print)

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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ACKNOWLEDGEMENT OF SERVICES

AND FEES

SUBJECT: SELF-IMPROVEMENT PROGRAM

**I, the undersigned, acknowledge that I understand and agree to the following:**

I agree to pay you for your services, **in full**, on or prior to the date of each session.

I agree to give you 24 hours notice for all cancellations or changes of scheduled appointments. I understand, that missing a scheduled appointment without prior cancellation, or canceling with less than 24 hours notice, may be charged to me at the current full rate.

I understand that the program of conditioning offered by you will include an undetermined number of private sessions, depending on my individual needs. I understand and agree that the major purpose of this program is for Vocational or Avocational Self-improvement and those problems of psychogenic or functional origin are treated by psychological or medical referrals only (Business and Professions Code 2908). I also understand that there are no guarantees as to the results or progress to be made, only that you will, to the best of your ability, endeavor to accomplish the objective of my sessions.

Additional Conditions:

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\_\_\_\_\_  
Client or Responsible party

\_\_\_\_\_  
Date

**HYPNOTHERAPY and BRAIN HEALTH FEES & packages:**

1st Session is (2) hours at \$495 In Office, Phone, ZOOM, (\$695 Home or Facility)  
Additional A la carte sessions Office, Phone, ZOOM are \$350,  
Addition private in Home or facility \$550 plus travel expenses please enquirer for  
out of state or country fees and packages.

**OR**

**Discounted Packages: Must be prepaid in full, completed within 6 months and cannot be transferred.**

***Included first 2 hour session. + In Office, Phone, ZOOM***

***Private Home or Facility Visit***

PKG 5 Sessions approximately 6 hrs (w/first session ) \$1495

\$2780.00 ask for PGKS

\$495.00 first session add 4 more sessions \$1000.00

8 sessions \$1800.00. 10 sessions \$2000.00

At any time you can upgrade your sessions.

PayPal, Venmo, cash, credit card or Zelle

Packages can be purchased at the end of the first session if desired

## **PREPARATION:**

I provide sessions in person/office, by phone, Zoom or in the comfort of your own home or facility.  
If warranted You may receive a FREE MP3 Recording of your sessions so you can listen to the hypnotic suggestions at home for faster results. **It is important to dress comfortably and eat a small meal or snack a couple of hours before your appointment. Drink lots of water all day. Please make sure you have a quiet comfortable location that you can set up your phone or computer for our Zoom session.**

**Your 1<sup>st</sup> session may include some or all of the following:**

A detailed intake of your issue(s)

*Explanation the Conscious/Subconscious Mind*

*Left/Right Brain Suggestibility Testing for Hypnotic Depth*

*Setting goals & addressing Self-Sabotage*

*Releasing Procrastination & Resistance*

*Desensitization of Habits, Patterns and Limiting Beliefs*

*Hypnotic Inductions & Deepening Techniques*

*NLP (Neuro-Linguistic programming) Anchoring for Positive Outcomes*

*Guided Imagery and Self Hypnosis Techniques*

*IEMT (Integral Eye Movement Therapy)*

*Brain Health coaching*

*MP3 recording*

**I require a 24-hour notice for any changes to your scheduled appointment time. Please arrive 10 minutes early to your first session to get familiar with the location. If you are running late, text me immediately at (805)444-7379 I look forward to assisting you in achieving your goals.**

**OFFICE LOCATIONS:**

THE MIND BAR - Hypnotherapy  
20969 Ventura Blvd Suite #219  
Woodland Hills, CA 91364

Wolf Creek Wellness - Hypnotherapy (Camarillo area)

11600 Santa Rosa RD  
Santa Rosa Valley, CA 93012

**Hypnotically Connected**

Lori Donnelly C.HT

[wolfcreekwellness.us](http://wolfcreekwellness.us)

[wolfcreekwellness@yahoo.com](mailto:wolfcreekwellness@yahoo.com)

805-444-7379