

**ACKNOWLEDGEMENT OF SERVICES
AND FEES
SUBJECT: SELF-IMPROVEMENT PROGRAM
PRO-BONO/ CASE STUDY**

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

I understand and agree that I am to receive “pro bono” as a case study (no charge) IEMT services from:

I also understand and agree these services are subject to the following terms and conditions:

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 result in the cancellation of these services and my eligibility to be assigned more pro-bono services in the future from other therapist, Student/Intern/Residents. I understand these sessions are by mutual agreement only and can be terminated by either party for any reason and that neither party is obligated in any way to continue hypnotherapy sessions.

I understand the program of conditioning offered by you will include 2 private sessions. I understand and agree the major purpose of this program is for Vocational or Avocational Self-improvement and those problems of psychogenic or functional origin are treated by a psychological or medical referral only (Business and Professions Code 2908). I also understand 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. I understand that you are a Student of IEMT and still in progress with your training. Should there be any dispute or legal complaint between myself and you, I agree to settle any such dispute through binding arbitration and waive all rights to any civil action.

Client Signature

Date

IEMT Trainee Signature

Date

Lori Donnelly Hypnotherapy
Wolf Creek Wellness
424-644-9598

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:

Email:

Tel:

Date of Birth:

How did you hear about me:

Marital Status (single, divorced, in relationship, married etc):

Name of emergency contact:

Relationship of contact:

Contact phone number:

Current state of health:

Are you on any medication, if so what:

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?

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, shame anger, regret, remorse etc.

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: