

AEI Hypnotherapy – In-Person Intake & Liability Agreement

CLIENT INFORMATION

Full Legal Name: _____

Preferred Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact Name & Phone: _____

SESSION GOALS

Primary issue, pattern, or intention for this session:

MEDICAL & PSYCHOLOGICAL HISTORY

Are you currently under medical care? Yes No

Current medications (include dosage):

History of (check if applicable):

Anxiety / Panic

Depression

PTSD

Bipolar Disorder

Psychosis / Schizophrenia

Dissociative Disorders

Seizure Disorders

Substance Abuse

REQUIRED CLIENT DECLARATIONS (Initial Each)

_____ I understand this session involves guided hypnosis and light to moderate trance.

_____ I understand this work is not medical, psychiatric, or psychological treatment.

_____ I confirm no recreational drugs, marijuana, alcohol, or psychedelics have been used within 7 days prior.

_____ I understand arriving under the influence results in cancellation without refund.

_____ I agree all session fees are paid in full prior to appointment.

_____ I understand there is a strict 24-hour cancellation policy. Late cancellations are non-refundable.

_____ I release and hold harmless AEI Hypnotherapy / Trisha Woolen from all liability arising from participation.

Client Signature: _____

Printed Name: _____

Date: _____