

# AEI Hypnotherapy – QHHT Intake & Liability Agreement

## CLIENT INFORMATION

Full Legal Name (as on ID): \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_

## MEDICAL HISTORY

Current medications (include dosage):

\_\_\_\_\_

History of (check if applicable):

Bipolar Disorder

Psychosis / Schizophrenia

Dissociative Disorders

Seizure Disorders

Substance Abuse

Have you ever experienced hallucinations outside of sleep?  Yes  No

Are you currently in therapy?  Yes  No

## QHHT SESSION PREPARATION

List 5–10 questions you would like addressed:

\_\_\_\_\_

\_\_\_\_\_

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REQUIRED CLIENT DECLARATIONS (Initial Each)

\_\_\_\_\_ I understand QHHT is a spiritual regression experience and not medical treatment.

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

\_\_\_\_\_ I agree all payment is due in advance.

\_\_\_\_\_ I understand there is a strict 24-hour cancellation policy.

\_\_\_\_\_ I understand sessions may last 4–6 hours.

\_\_\_\_\_ I understand the session will be audio recorded for my personal use.

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

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

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

Date: \_\_\_\_\_