

Client Participation Form

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____

Email _____ Age _____

How Did You Hear About Keli? _____

What is the reason for your visit? _____

Have you been in therapy before? _____

~~Have~~ you ever been hypnotized before? _____

Are you currently taking medications? _____ If yes, please indicate name(s) and for what
reason(s)? _____

As I enter into this relationship, I agree to the following:

1. I am participating by my own choice because I want to be here.
2. I understand that I am not a patient, but a co-operator in my hypnosis experience.
3. I acknowledge the futility of blame for both myself and for others.
4. I understand that my progress here involves how I care for myself physically, mentally, emotionally, and spiritually.
5. I understand that transformation is a process and it can take time.

***By signing this form I acknowledge that I will give 48 hours notice in case I need to cancel or reschedule my appointments and that if I do not, I will pay the full price of the session I have scheduled.

Signed: _____ Date: _____

As your hypnotherapist, I commit to you to utilize all of my skills to help you reach your goals in the shortest period of time possible. You have the assurance of my full integrity, professionalism, confidentiality and respect.