

Shining Light Hypnosis

Client Intake Form

Session Date: _____ / _____ / _____

Name: _____

Date of Birth: _____ / _____ / _____ Age: _____

Occupation: _____

How did you find Jessica/Shining Light Hypnosis? _____

Do you meditate? If so, how often? _____

Have you ever been hypnotized? _____

What is your primary reason for booking a QHHT Session? _____

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Acknowledgement/Consent Form

I acknowledge and agree with Jessica Castro that:

1. I understand that Jessica Castro will use Dolores Cannon's Quantum Healing Hypnosis Technique to induce me into hypnosis but she does not guarantee the session will have any particular outcome.
2. I have the right to stop the session at time and acknowledge that once the session exceeds 4 hours there will be absolutely no refunds for services provided.
3. Jessica Castro, who will facilitate hypnosis during the session, is not a physician, psychologist, counselor or therapist and cannot diagnose, prescribe or treat any mental or physical condition. Hypnosis is not considered to be a replacement for professional, medical or psychological diagnosis, advice or treatment.
4. It is my responsibility to consult a medical doctor or health care professional about any changes in my condition or in any medication as well as for diagnosis or treatment of any medical or psychological conditions.
5. ALL HEALING IS SELF HEALING, and Jessica Castro is only the facilitator in this process of helping me to solve my own challenges. It is my responsibility to provide as much accurate information to her in order to help me achieve my outcomes which may include but are not limited to listening to the session recording and following the guidance of my Subconscious/Higher Self.
6. My Subconscious/Higher Self may ask me to make changes to my life to facilitate the completion of any self-healing or transformation begun in my session. I understand that this information and advice for change comes from my Subconscious/Higher Self and not from Jessica Castro.
7. My session will be recorded for later use and Jessica Castro retains the copyright of these recordings. I understand that in these types of sessions the energy in the room can affect the equipment and the recording, sometimes resulting in static or blank recordings and there will be no refunds for blank or inaudible recordings.
8. Although I may share my recording and information with others on a personal level, I agree I will not post the recording on YouTube or any other social media sites or elsewhere on the internet.
9. Often in hypnosis sessions, universal information is provided through the client to benefit all of humanity. I agree to allow Jessica Castro to share this information and the related story either on audio or video internet posts or in written form such as websites, blogs, articles or books provided that my name and all personal details are omitted and/or changed.
10. I hereby release and discharge Jessica Castro from any and all damages or claims of liability of any nature arising out of or in connection with, my session with Jessica Castro.

Client Name (please print): _____

Client Signature: _____ Date: ____ / ____ / ____