

Client Intake Form

Payment Info _____

Session Date and Time _____ End Time _____

Client Name _____

Date of Birth ____/____/____ Age: ____ Sex M F Other

Address _____

City _____ State ____ Zip _____

Phone _____ Email _____

Marital status _____ Number of Children _____

Employment/Occupation _____

Title/Duties _____

How did you find out about Millicent and Quantum Healing? _____

What is the reason you are seeking a Hypnosis Session? _____

Have you experienced Hypnosis in the past? If so, what was the outcome? _____

What are you doing, feeling, thinking, or saying to yourself about which you'd like to change?

Client Information and Agreement Form

I voluntarily agree to sign this agreement and assumption of risks, because I fully understand that Millicent Andrew, who is going to perform hypnosis, is not a doctor, nor has a degree in Psychiatry, and can neither diagnose nor treat any type of physical or mental disorder.

1. I am participating in hypnosis 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 understand that any suggestion that is made during my session(s) is only a part of a personal and educational motivation program and is only informative.
4. I understand that my progress here involves how I care for myself physically, mentally, emotionally, and spiritually.
5. I understand that my hypnosis session(s) is exclusively for educational reasons. It is not intended to be in any way used as medical or psychological advice, this can only be given by a medical professional or a mental health specialist.
6. I understand that transformation is a process and that it can take time.

****DISCLAIMER:** Hypnosis is not intended to cure any specific condition. I make absolutely no claims of a cure for any disease. Individual results may vary. Each session is unique, and its success depends on your cooperation and faith in the process.

Responsibilities and Liability Release

1. **I am willing to be guided through relaxation, visual imagery, hypnosis, and/or stress reduction techniques.** I am aware these modalities are non-medical in nature, and it is my responsibility to consult my regular doctor about any changes in my condition or changes in my medication.
2. **I understand the above modalities are not substitutes for regular medical care** and I have been advised to consult my regular medical doctor or health-care practitioner for treatment of any old, new, or existing medical conditions.
3. **I understand that being hypnotized is not being asleep.** During a deep hypnotic trance, I can open my eyes, speak, laugh, walk, and I may be aware of everything that happens around me. I can even open my eyes and think it is not working and not hypnotized. But when I allow those feelings or thoughts to come to my mind to flow freely as *Millicent Andrew* speaks to me, I will relax and remember forgotten events in this life or a past life.
4. **I understand that change is my own and complete responsibility.** I understand that ALL HEALING IS SELF HEALING, and that *Millicent Andrew* is only a “facilitator” in the process

of helping me to solve my own problem(s). It is my responsibility to be open and honest, provide accurate feedback and be forthcoming with details and information that may help me achieve my outcomes.

5. **I understand I may be assigned “homework” or be asked to make changes to my life by my higher self** in regard to complete or solidify any healing or changes begun in our session(s). I understand that this information and advice for change comes not from the facilitator, but from my own higher being.
6. **I understand that my facilitator may elect NOT to proceed with the session(s) if she feels it is not in her or my best interest to do so.** My facilitator is NOT liable for travel costs (airline, hotel, etc.) associated with declining a session(s).

Special Use of Information:

1. **I understand that my session(s) will be digitally recorded for my later use.** I also understand that in these types of metaphysical sessions, the energy in the room can affect the equipment and recording resulting in static or blank recordings.
2. I understand that my name and personal information will be kept completely confidential.
3. I understand that I may share my recording and information in the future in any way that I am personally comfortable.
4. I understand that often in hypnosis sessions, universal information is provided through the client to benefit all of humanity. **I agree to allow *Millicent Andrew* to share this information and any accompanying story summary** either in audio or video or in written form in blogs or books as long as my identity, name and all relevant personal details are omitted or changed.

I am at least 18 years of age and understand I am entering into a cooperative relationship of my own free will. I accept that I am a willing participant in this cooperative relationship that will employ hypnotic techniques, regression, and any other appropriate modality by *Millicent Andrew*. Therefore, I do hereby fully release, hold harmless, and discharge *Millicent Andrew* from and against all claims of liability, damages, copyright, demands or actions whatsoever in any manner, arising out of, or in connection with my session(s). I have received and read this Client Information and Agreement Form and understand what I have read.

Client's Signature _____

Client Print full name: _____

Date _____

I was trained as a QHHT Practitioner through Dolores Cannon's program. I was trained as a BQH Practitioner by Candace Crow-Goldman. I was trained in Soul Speak by Julia Cannon. I was trained in Introspective Hypnosis by Antonio Sangio. I commit to you that I will utilize all my skills to help you. You have my assurance of my full integrity, professionalism, confidentiality, and respect. **All sales are final, and no refunds will be given.**