



11479 S Pine Drive, Suite #27  
Parker, CO 80134  
Phone: 303.550.4110  
www.EganHypnotherapy.com

---

## Thank you for choosing Egan Hypnotherapy.

**Please read and sign this form before completing the rest of the forms.**

**During your first visit to Egan Hypnotherapy**, you will meet with Angela (Angie) Egan, a professionally trained hypnotist from the National Guild of Hypnotists to learn about hypnosis and how it can help you achieve your goals. All scheduled visits will include a customized hypnotic session. **Sessions are scheduled as 60 minutes.** We try to keep to a strict schedule, but occasionally run long. If we're running a little off-schedule, please know that it's always for a good reason.

**Hypnosis is a very powerful process that has helped millions of people make changes that they want to make in their lives. However, hypnosis is not "mind control."** For example, no one, not even the very best hypnotist, could MAKE you change your habits or behaviors. Ultimately, you are responsible for the changes that occur as a result of the hypnosis sessions. There is always a human factor. Doctors don't guarantee that you will get well. Teachers can't guarantee that you will learn, and lawyers can't guarantee that you will "win" your case. **At Egan Hypnotherapy, what we can guarantee is the very best service using current information and appropriate hypnotic techniques for your situation.**

**Our goal is to provide you with the most effective hypnosis process in the most efficient use of your time.** We begin your process with a systematic series of sessions that include customization for your unique set of needs, continued reinforcement, and self-hypnosis training. Many clients reach their goals in the initially scheduled sessions, and most people (but not everyone) begin to experience benefits from the very first session. Hypnosis is a process. Many clients elect to schedule follow-up sessions for reinforcement or coaching.

*"By signing this, I understand that hypnosis and hypnotherapy are not meant to diagnose or treat any disease, but rather it is intended to provide information, education, and motivation that will promote feeling better, healing faster, and generally being more effective. It is designed to give me insight and tools into my innate healing potential and guide me into being more effective in helping myself. I also realize that hypnosis and hypnotherapy are not a substitute for conventional medicine, and I have been encouraged to seek the advice of a licensed health care provider should I choose to with regard to treating me for specific medical or psychological problems. I accept responsibility to share the enclosed "Dear Health Care Provider" letter with my doctor to notify my use of hypnotism*

*By signing this, I am stating that I have read this form and understand that, like the other healing arts, the practice of hypnosis and hypnotherapy, is not an exact science: Therefore, results are not guaranteed, nor are refunds given for services rendered."*

Signature \_\_\_\_\_

Date \_\_\_\_\_



11479 S Pine Drive, Suite #27  
Parker, CO 80134  
Phone: 303.550.4110  
www.EganHypnotherapy.com

### Confidential Client History Form

Client Name \_\_\_\_\_ Parent/Guardian Name (if applicable) \_\_\_\_\_  
Date \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_  
Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_ If a referral, who may we thank? \_\_\_\_\_

### Medical History

Please list any accidents, illnesses, medical problems or major issues:

\_\_\_\_\_  
\_\_\_\_\_

Was there abuse in your childhood/history? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, was it: Physical \_\_\_\_\_ Emotional \_\_\_\_\_ Verbal \_\_\_\_\_ Sexual \_\_\_\_\_

Have you ever been treated for? Heart Problems \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Pain \_\_\_\_\_  
High Blood Pressure \_\_\_\_\_ Anxiety Attacks \_\_\_\_\_ Eating Disorders \_\_\_\_\_ Seizures \_\_\_\_\_  
Insomnia \_\_\_\_\_ Depression \_\_\_\_\_ Mental Health Disorders \_\_\_\_\_

### Indicate your use and frequency of the following:

Tobacco Yes \_\_\_\_\_ times per \_\_\_\_\_ Alcohol Yes \_\_\_\_\_ times per \_\_\_\_\_  
Recreational Drugs Yes \_\_\_\_\_ times per \_\_\_\_\_ Caffeine Yes \_\_\_\_\_ times per \_\_\_\_\_

Please list any prescription medications you are currently taking: \_\_\_\_\_  
\_\_\_\_\_

*I understand that sessions at Egan Hypnotherapy may be video-recorded for insurance purposes and become part of my confidential record. By signing this form, I confirm that all information is true to the best of my knowledge. If I am signing this document on behalf of a minor, I understand that all information shared by the minor to the hypnotist during the session is confidential, and can only be shared with the minor's consent, unless there is a reason to believe the minor will harm themselves or others. By signing this form, I accept responsibility to share the enclosed "Dear Health Care Provider" letter with my doctor to notify my use of hypnosis.*

Client Name (Please Print)

Client Signature



11479 S Pine Drive, Suite #27  
Parker, CO 80134  
Phone: 303.550.4110  
www.EganHypnotherapy.com

---

**I would like to work on:**

---

---

**Making this change will allow me to:**

- ❖ \_\_\_\_\_
- ❖ \_\_\_\_\_
- ❖ \_\_\_\_\_

**After addressing my issue, in one week I see myself:** \_\_\_\_\_

---

**After addressing my issue, in one month I see myself:** \_\_\_\_\_

---

**After addressing my issue, in one year I see myself** \_\_\_\_\_

---

**In my down time, I love to:**

---

**My favorite thing about me is:**

---

**The thing(s) that can always bring a smile to my face is:**

---

**One of my favorite childhood memories is:**

---

## Mandatory Disclosure

**1. Contact Information:** My name is Angela (Angie) Egan, CHt. I can be contacted through my office: 11479 S Pine Drive, Suite 27 Parker, CO 80134 or by telephone at 303.550.4110 or via email at [angie@eganhypnotherapy.com](mailto:angie@eganhypnotherapy.com)

**2. Education and Training:** I was trained in hypnotism through the Professional Hypnotherapy Certification Program through the National Guild of Hypnotists. I am a Certified Member of the National Guild of Hypnotists and I complete annual continuing education to maintain my training at a high level. The National Guild of Hypnotists is the oldest and largest hypnotism organization in the world and its certification is the most widely recognized credential for the professional practice of the hypnotic arts.

**3.** The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Board of Psychotherapist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals:

- Registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
- Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements.
- Licensed Social Worker must hold a master's degree in social work.
- Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.
- Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision.
- A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

**4.** Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in § 12-43-218 C.R.S., as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (§ 12-43-101, C.R.S., et seq.) is available at:

[www.dora.colorado.gov/professions/registeredpsychotherapists](http://www.dora.colorado.gov/professions/registeredpsychotherapists).



11479 S Pine Drive, Suite #27  
Parker, CO 80134  
Phone: 303.550.4110  
[www.EganHypnotherapy.com](http://www.EganHypnotherapy.com)

---

5. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

6. You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy (if known), and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.

7. I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party.

Print Client Name: \_\_\_\_\_

Client Signature or Responsible Party's Signature \_\_\_\_\_

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

If signed by Responsible Party, please state relationship to client and authority to consent:

\_\_\_\_\_



11479 S Pine Drive, Suite #27  
Parker, CO 80134  
Phone: 303.550.4110  
[www.EganHypnotherapy.com](http://www.EganHypnotherapy.com)

---

Dear Health Care Provider:

I have been contacted by your patient requesting instruction in self-hypnosis. It is my policy to be sure that the attending physician or other health care provider is aware that the patient is practicing hypnotism and will likely experience less worry and discomfort than other patients. Research suggests there may be other general health benefits as well.

Consulting Hypnotism is motivational coaching by means of hypnotism and is not considered health care. Therefore, health insurance does not normally cover hypnotism and your patient will be paying me directly for my services.

If you have any objection to your patient receiving hypnotism would you inform me? If there is anything in particular you would like to include in my work with your patient, please let me know.

I am a Consulting Hypnotist in good standing with the National Guild of Hypnotists and my continuing education is current. I practice in accordance with the Code of Ethics, Standards of Practice and Recommended Terminology of the National Guild of Hypnotists, and give every client a comprehensive Client Bill of Rights which fully discloses my training and practice limits.

Please feel free to learn more about my services and background from my web site. I would also be happy to discuss my services with you at your convenience.

Sincerely,

*Angie Egan*

Angie Egan  
*Certified Hypnotist*



11479 S Pine Drive, Suite #27  
Parker, CO 80134  
Phone: 303.550.4110  
www.EganHypnotherapy.com

---

I, \_\_\_\_\_ authorize Egan Hypnotherapy and Angie Egan  
(Your Name)

to discuss my hypnosis/hypnotherapy sessions with: \_\_\_\_\_  
(Name of Professional)

My hypnotist has my permission to discuss the following items with the above- mentioned Professional:

\_\_\_\_\_ All aspects of the hypnotherapy sessions;

\_\_\_\_\_ Some of aspects of the session, specified as follows:

---

---

---

---

I understand that in order to revoke this release I must provide that request in writing.

Signed:

Signed:

\_\_\_\_\_  
Client

\_\_\_\_\_  
Parent/Guardian  
(If client is a minor)

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date