Hypnosis Intake Form

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you used hypnosis before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. I am participating in hypnosis by my own choice because I want to be here.
2. I understand that transformation is a process and that it can take time.
3. I understand that my progress involves how I care for myself physically, mentally, emotionally and spiritually.
4. I understand that no warrantees have been extended and no specific outcomes have been guaranteed.
5. I acknowledge the futility of blame of both myself others; that I am solely responsible for my actions or inactions including what I do or do not do with the information and issues I uncover during this process.
6. I understand that I am not a patient, but a co-operator in my hypnosis experience.
7. I understand that Theresa Kuhn is not a medical doctor, psychologist, or mental health professional and that hypnotherapy services are non-therapeutic and not intended to take the place of professional counselling, medical or psychological care and should not be used as a substitute for diagnosis or treatment of any condition.

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_