

**Kathy Pickel**  
**Clinical Hypnotherapist**

3774 LaVista Road, Suite 100  
Tucker, GA 30084

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**New Client Intake Form**

Please fill out completely.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Best Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Best Email: \_\_\_\_\_

Emergency Contact and phone: \_\_\_\_\_

Is this your first time being hypnotized? Y N

If No, how was your previous experience(s)? \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Marital Status: M \_\_\_ S \_\_\_ D \_\_\_ Sep \_\_\_ W \_\_\_

Spouse's Name: \_\_\_\_\_

Children: (How many/Ages)? Male(s) \_\_\_\_\_ Female(s) \_\_\_\_\_

Well-loved pets? (Types/Names) \_\_\_\_\_

Hobbies and interests: \_\_\_\_\_

## Please answer the following questions

1. Where did you hear about Kathy Pickel and hypnosis? (Please check all that apply.)  Kathy Pickel Website  Yelp  Facebook  Twitter  Healthy Life Centers  Other Website  Newspaper article/ad, brochure, or other marketing materials:  
\_\_\_\_\_
2. When you have benefitted from my hypnosis, would you email me a short testimonial? Y N
3. What type of learner are you primarily? (If you're not sure, just go with your gut.)  
 Visual  
 Kinesthetic/Feeler  
 Auditory
4. Please check all that apply and circle the best answer below:  
 Creative  
 Analytical  
 Social  
 Problem Solver  
 Introverted  
 Extroverted  
 Other. Please explain: \_\_\_\_\_
5. My dominate hand is: L R A
6. I mainly consider myself pragmatic/evidence based, spiritual/belief-based, belief-based but not spiritual, or Other. Please explain.

## Terms & Conditions

NOTE: Hypnotist/Hypnotherapist/Practitioner are used interchangeably in the following document.

1. I have been advised by Kathy Pickel (Certified Clinical Hypnotherapist), the scope of hypnosis/hypnotherapy practice and I give my full consent to receiving hypnosis/hypnotherapy sessions by Kathy Pickel in today's session and in any future sessions.
2. I understand that results vary and that the above-named practitioner may not guarantee results.
3. I understand that Hypnosis/Hypnotherapy is not a replacement for medical treatment, psychological or psychiatric services or counseling. I also understand that the Hypnotist/Hypnotherapist does not treat, prescribe for, or diagnose any condition.
4. I understand that the practitioner is a facilitator of hypnosis or hypnotherapy and is not practicing any other profession that requires a license under the laws of the State of Georgia.
5. I am aware and understand that in some cases it may be necessary for the practitioner to respectfully touch my shoulders, hands, wrists, arms, legs, sternum, face, or forehead to assist me in relaxation. I give the practitioner permission and consent to do so to help me establish a beneficial state of hypnosis.
6. I have been advised that I am free to terminate any or all sessions at any time. I have agreed to participate in each session to the best of my ability.
7. I have accurately provided background information as requested by the hypnotist/hypnotherapist.
8. I understand that confidentiality regarding my sessions will be honored between Kathy Pickel and me. This same confidentiality is respected when working with minors under the age of eighteen.
9. I understand that, depending on the state of my mental health, further psychiatric treatment may be needed and will be suggested to me and documented by Ms. Pickel if she determines my situation to be outside the scope of hypnoanalytic counseling and hypnotherapy.
10. I agree to pay Kathy Pickel, for all services rendered in a timely fashion if working with a payment plan; otherwise, I understand all monies are due on or before each session unless other arrangements have been made in writing. I understand that all pre-paid sessions must be used within 180 days of today's date.

**I agree to all the terms listed above:**

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's signature (if client is a minor) \_\_\_\_\_ Date \_\_\_\_\_

# Disclosure Statement

## CONFIDENTIALITY

Matters regarding your sessions will be kept confidential except in the following circumstances: You grant me specific permission to release information to a specific individual or agency; child abuse; you are an imminent danger to self or others; or in the case of the subpoena of records. Any information shared is kept confidential. From time to time I also consult with other colleagues, but in this circumstance clients are not identified by name. Your signature below constitutes you giving permission for such consultations.

## FEES AND PAYMENTS

The typical charge for General Hypnotherapy is \$250 per 2-hour session unless I'm running a special discount, group discount, pre-paid package deal, or third party discount, which will be identified on my website or via coupon. Fill in here and initial: \_\_\_\_\_. Package deals usually are cheaper per session. Payment is due before each session or upon the conclusion of each session. It is your responsibility to obtain information about your insurance coverage and submit your own insurance forms.

## CANCELLATIONS

Since I have reserved our appointment time for you, it is my policy to charge \$50 for cancellations received less than 24-hour notice unless we can reschedule the appointment within the same week. Insurance companies generally do not reimburse for failed appointments.

## REPORTS AND PHONE CALLS

There is no charge for email correspondence and brief calls. Calls lasting longer than 20 minutes may be charged and billed to the client on a prorated basis for \$1.25 per minute. Reports requested by insurance companies or physicians will not be released without your permission, and a \$25 processing fee may be applied.

**I agree to all the terms listed above:**

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's signature (if client is a minor) \_\_\_\_\_ Date \_\_\_\_\_

## Client Assessment

What is your presenting issue(s) for seeking hypnotherapy?

When and under what circumstances did this issue begin?

What specifically about your issue is leading you to seek help?

What other kinds of therapies have you tried? Please explain.

What life-style or attitude changes have been at least partially successful?

What other issues, either linked or not linked, to the presenting issue do you need help with?

## Medical History

Have you ever been diagnosed with a mental illness? If yes, please explain:

Have you been under regular medical or psychological treatment in the past year? If yes, please explain:

Have you ever been treated for an emotional/behavioral problem? If yes, please explain:

Have you had or do you now suffer from any prolonged illness? If yes, please explain:

List all current medications you are taking:

Please provide the name(s) and contact information of your current doctor(s) and/or therapist(s):

**By signing below, I give Kathy Pickel permission to contact my doctor(s) and/or therapist(s).**

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's signature (if client is a minor) \_\_\_\_\_ Date \_\_\_\_\_

**Have you had or are you suffering from:**

High Blood Pressure \_\_\_\_\_ Ulcers \_\_\_\_\_ Asthma \_\_\_\_\_ Stress \_\_\_\_\_ Epilepsy \_\_\_\_\_ Anxiety \_\_\_\_\_  
Migraines \_\_\_\_\_ Diabetes \_\_\_\_\_ Heart Condition \_\_\_\_\_ Cancer \_\_\_\_\_ TMJ \_\_\_\_\_ Overweight \_\_\_\_\_  
HIV/AIDS \_\_\_\_\_ Depression \_\_\_\_\_ OCD \_\_\_\_\_ ADD \_\_\_\_\_ Hypoglycemia \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Food  
Allergies \_\_\_\_\_ Fatigue \_\_\_\_\_ Arthritis \_\_\_\_\_ Spine or Back Problems \_\_\_\_\_ Other \_\_\_\_\_

Are you pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

Drink Alcohol? No \_\_\_\_\_ Occasionally \_\_\_\_\_ Moderately \_\_\_\_\_ Daily \_\_\_\_\_

Do you smoke cigarettes? \_\_\_\_\_ Cigars? \_\_\_\_\_ Pipe? \_\_\_\_\_ Chew? \_\_\_\_\_

How much per day? \_\_\_\_\_

How many hours of sleep do you get per day on average? \_\_\_\_\_

I, the undersigned, understand all questions and verify that all information is complete and accurate to the best of my knowledge. I also understand that the hypnotic methods used by Kathy Pickel are not a substitute for medical or psychiatric treatment. I understand these methods to be a conditioning process, whereby an individual is taught to use their own abilities for their benefit and wellbeing. With this understanding, I hereby grant the Hypnotist(s) permission to hypnotize me or the minor child whose name appears at the top of this form. I (we) further grant permission for the sessions to be recorded/taped as needed.

I know my progress is dependent upon my efforts and that there are no guarantees as to the result or progress to be made. I understand that the success of the treatment will be in direct proportion to my commitment to the end result.

I (we) agree to pay for services rendered to the above-named client as the charge is incurred.

**By signing this document, I am confirming that all information is true to the best of my knowledge, and I agree to all the terms listed above:**

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's signature (if client is a minor) \_\_\_\_\_ Date \_\_\_\_\_

**ALL INFORMATION IS STRICTLY CONFIDENTIAL**