



# Resolve with Hypnosis...It Works!

*"Where the artful use of imagination for self-improvement is a suggestion away..."*

[resolvewithhypnosis@gmail.com](mailto:resolvewithhypnosis@gmail.com)

Sally Doran, BA, MA, BCH / Board Certified Consulting Hypnotist



## Client Registration Form

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

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

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

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

Date of birth: \_\_\_\_\_

Phone (C): \_\_\_\_\_

Marital Status: \_\_\_\_\_

Phone (W): \_\_\_\_\_

Children: \_\_\_\_\_

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

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

Referred by: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Are you under a physician's care? \_\_\_\_\_ Physician's name: \_\_\_\_\_

Are you on any medication or have any health problems? \_\_\_\_\_

Please specify: \_\_\_\_\_

(Permission  
needed?)

The presenting problem/issue/challenge: \_\_\_\_\_

Preferences: Email\_ Text\_ Call\_ Can I leave a message? Yes\_ No\_

Goals & intentions: \_\_\_\_\_

I, the undersigned, understand hypnotherapy is a conditioning process whereby an individual is taught to use their own abilities for their own benefit. I understand that good and lasting results may require several hypnosis sessions, and that I may be required to practice self-hypnosis and/or carry out assigned tasks for reinforcement between sessions/at home. I am responsible for actively cooperating with, and participating in my program. Sally Doran will not be held accountable for the results I attain. I understand

that I may be referred elsewhere for proper treatment, and that my program may be terminated if deemed appropriate. I have read the client bill of rights, and I understand that all information about me will be kept strictly confidential.



### National Guild of Hypnotists Mission Statement

*"Consulting Hypnotists Help Ordinary,  
Everyday People With Ordinary, Everyday  
Problems Using Individual Hypnotic Techniques"*

\_\_\_\_\_  
(Client's Signature)