Jane Sherwood Hypnosis

Intake Questionnaire

Some of the questions below are duplicates of what we discussed in the discovery call, but by answering them here you have more time to reflect on your response.

You can write your answers by hand, take a photo of our response, and then reply to this email.

Name (Last, First) — and what you prefer to go by: _____

Date of Birth: _____

Phone Number: _____

What do you want to change today?

Why now?

How have you been dealing with it so far?

How long have you had this condition? _____

If medically related, have you received a diagnosis for this issue? ☐ Yes ☐ No ☐ N/A

If yes, what was the diagnosis?

Please provide names of all medications and supplements you are taking. The side effects of some medications may interfere with hypnosis so it's helpful if I know before we proceed.

☐ **I realize that Jane Sherwood is a hypnotist, and unconscious coach, not a medical doctor or psychologist, and that she cannot diagnose disease, prescribe, or treat medical conditions or serious disorders. I understand that the hypnosis I am receiving from Jane Sherwood is not a substitute for normal medical care and I have been advised to discuss this procedure with any doctor (medical provider) who is taking care of me now or in the future. Additionally, I should continue any present medical treatment and consult my regular physician (medical provider) for treatment of any new or old illnesses. I am willing to be guided through various methods, including relaxation, visual imagery, creative visualization, hypnosis, Neurolinguistic Programming (NLP), and Emotional Freedom Techniques (EFT) for the purposes of vocational or avocational self-improvement. I also agree that Jane Sherwood or myself may terminate this relationship at any time for any reason whatever. I realize that although Jane Sherwood has considerable training, the training and insights she provides, are not a cure, and I accept that I am paying for her time, expertise, and insights, irrespective of any particular result.**

Signature: _____

Date: _____