

## Client Form

### Counseling Plan & Client Agreement CM Cayte Mocadam Consultancy

First Name \_\_\_\_\_ Family Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Personal Status:  Married  Single  Divorced  Other

Children \_\_\_\_\_

Name of partner \_\_\_\_\_

Favorite colors \_\_\_\_\_

Favorite number \_\_\_\_\_

Father \_\_\_\_\_

Mother \_\_\_\_\_

Brothers \_\_\_\_\_

Sisters \_\_\_\_\_

Drink \_\_\_\_\_

Smoke \_\_\_\_\_

Drugs \_\_\_\_\_

Fears/phobias \_\_\_\_\_

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

Successes: \_\_\_\_\_

What hobby/activity would you like to do more of?

Occupation

\_\_\_\_\_

Do you enjoy your work?

\_\_\_\_\_

Ideal job

\_\_\_\_\_

Spiritual beliefs

\_\_\_\_\_

Past lives? \_\_\_\_\_

Meditative practices \_\_\_\_\_

Hypnosis experience \_\_\_\_\_

Medical history \_\_\_\_\_

Are you being treated by a physician?  Yes  No For what?

\_\_\_\_\_

Current medication? \_\_\_\_\_

Health concerns? \_\_\_\_\_

Are you being treated by a psychologist/psychiatrist?  Yes  No For what?

\_\_\_\_\_

Why are you seeking hypnotherapy?

\_\_\_\_\_

**Rate your symptoms to gauge level of functioning change (scale is 1-5; 1=mild, 3=moderate, 5=severe)**

Decrease in energy \_\_\_\_\_

Restlessness \_\_\_\_\_

Hopelessness \_\_\_\_\_  
Excessive guilt \_\_\_\_\_  
Panic attacks \_\_\_\_\_  
Cruelty \_\_\_\_\_  
Loss of pleasure \_\_\_\_\_  
Depressed mood \_\_\_\_\_  
Anxiety \_\_\_\_\_  
Sleep disturbance \_\_\_\_\_  
Withdrawn \_\_\_\_\_  
Oppositional \_\_\_\_\_  
Poor concentration \_\_\_\_\_  
Indecisive \_\_\_\_\_  
Mood swings \_\_\_\_\_  
Violation of rules \_\_\_\_\_  
Legal problems \_\_\_\_\_  
Irritability \_\_\_\_\_  
Helplessness \_\_\_\_\_  
Eating disturbance \_\_\_\_\_  
Impulsivity \_\_\_\_\_  
Worrying \_\_\_\_\_

### **Appointment Punctuality**

Please arrive promptly at your appointment time. If you are running late, please let me know as soon as possible. I will do my best to make a full session available. However, the ability to do this will depend on bookings following your appointment, so this cannot be guaranteed.

If you are more than 15 minutes late, this will count as a non-attendance. However, the consultant has the right to be late, depending on the procedure of the previous appointment. Some of the sessions will be postponed if urgency is needed.

### **APPOINTMENT CANCELLATION AGREEMENT**

We understand things come up, and you may need to miss your appointment. If you need to reschedule or cancel any appointments, the office of Coactive Minds requires 48 business hours notification (Monday-Friday 8:00am to 5:00pm). Please understand that we set aside this time for you.

This policy is in place to give the office enough time to schedule another client in that time slot, if you are unable to attend. If you fail to cancel within the 48 hours prior to your appointment a \$75 fee will be charged to the credit card you provide below or the credit card on file. After one violation of this agreement, services at this office will be terminated.

### **RELEASE STATEMENT:**

I hereby authorize Cayte Mocadam to use hypnosis and/or Neuro-Linguistic psychology, EFT, NLP, holistic healing and consultation sessions with me for the purposes outlined on this intake form and for future purposes that I may request. I understand that the success of my session(s) depends greatly upon my own serious participation, on my own ability to relax and my desire to create change in myself.

I allow my consultant hypnotist to guide my therapy session using healing modalities and energy medicine such as NLP, EFT, hypnosis and holistic healing.session.

I am aware and responsible for the safety of the brain activity during the session. I have the full right to work on two emotional issues in one session. Any request to work on a third issue will be considered as a second session.

Kindly write down two issues you wish to work on during our session.

Issue Number one \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Issue Number two \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date

**Kindly note all payments are Advance Payments & Non Refundable.**

While we do call to remind you of your appointment, you can contact us on  
+96181300180 - +971585580282  
[www.caytemocadam.com](http://www.caytemocadam.com), [info@coactiveminds.com](mailto:info@coactiveminds.com)