

**Mailing Address Only**

Denise Deveney, CHt  
Harmony Bridge Hypnosis Center, LLC  
6 Sumner Road  
Salem, MA 01970

**Physical Office Address**

Work Loft Office Building  
1 Spring Street  
Marblehead, MA 01945

***Client Information Intake***

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Name (Name you preferred to be called )

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Address

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Phone or Cell

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Referred by (or where did you hear about us)

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Date of Birth Age

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Marital Status:

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Email:

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Have you ever been hypnotized before? Yes or No  
What are your primary goals for this session?

Are you presently in any physical discomfort? Yes or No  
Are you currently wearing contacts? Yes or No  
Any concerns with keeping eyes open/closed for 30 mins or more? Yes or No

**Current Medical/Psychological Care**

Are you under a medical doctor, psychologist, psychiatrist or counselor's care? Yes or No / If Yes, briefly explain:

List any Medication you are currently taking:  
Are you under medical care or do you have any of the following Yes or No

*Severe heart conditions, pacemaker, psychotic disorders, delusional/hallucinatory disorders such as schizophrenia and psychosis of varying types, drug or alcohol psychosis or addictions, dementia or senility, suicidal tendencies, comprehension difficulties, asthma or narcolepsy, Seizure Disorder, Epilepsy, OCD, Depression, Post Traumatic Stress Disorder, Bi-Polar Disorder, Cramps or numbness, Eye trouble, Asthma, TB, Panic or anxiety attacks, Blood Disease, High Blood Pressure*

If Yes, briefly explain:

May we have permission to contact your doctor: Yes or No (optional)  
Doctor's Name and Address

Do you suffer from any compulsive tendencies? Yes or No?

Are you currently suffering from any of the following:

- ☐ Nervousness
- ☐ Inability to relax
- ☐ Sleep problems
- ☐ Nail biting
- ☐ Nightmares
- ☐ Fears (List)
- ☐ Poor self esteem
- ☐ Cigarette Smoker
- ☐ Alcohol Abuse
- ☐ Drug Abuse (list)
- ☐ Eating Compulsion
- ☐ Inability to Focus
- ☐ Poor Memory
- ☐ Past Abuse (Physical/Sexual/Verbal)
- ☐ Current Abuse (Physical/Sexual/Verbal)
- ☐ Recent Divorce/Split
- ☐ Current Illness (List)
- ☐ Teeth Grinding
- ☐ Lack of Energy
- ☐ Lack of Success
- ☐ Other (List)

**Briefly explain any other pertinent info:**

Are there specific aspects of your life that are particularly stressful? (job, posture, habits, diet, family, etc. )

Energy: Rate your overall energy level at various times of the day

Sleep: How well do you sleep? Do you wake up in the morning feeling rested? Has anyone mentioned that you have severe snoring? No Yes

Stress Level: Rate your overall Stress level

Do you have a personal spiritual practice? No Yes If yes, describe

List Relaxation Methods:

Where is your favorite place to relax?

**Which environments are most relaxing for you?**

Nature, forests, parks, trails, Sights and sounds of water, Quiet, secluded places, Favorite Vacation, Sporting and recreational activities

Do you have a fear or dislike of - Nature, forests, parks, Water, ocean, rivers or lakes, Stairs, escalators or elevators to beach?

List 2 of your favorite colors

What is your favorite season?

Name 2 of your favorite places

### ***Client Bill of Rights***

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**Consultations:** Consultations are free and normally take 20 minutes.

**Guarantees:** There is in no way any guarantees on success rates, outcomes or results as individual results may vary from person to person.

**Consultations:** Consultations are free and normally take 20 minutes.

**Payments and Fees:** The fees for sessions are listed on the [Harmonybridgehypnosis.com](http://Harmonybridgehypnosis.com) website and payments are made online at the time of booking appointments. Typically, hypnosis sessions may average up to 40 to 50 minutes depending on the session. Attendance of sessions is essential. Please value and prioritize your sessions and be on time.

We have a 48-hour cancellation policy. Please provide 2 days' notice by email, phone or text if you cannot attend your appointment or you will forfeit your payment.

**Refunds:** I do not offer refunds for session packages that are not used. I do not offer refunds for no-shows or cancellations less than 2 days prior to appointments. Please provide 2 days' notice by email, phone or text if you cannot attend your appointment or you will forfeit your payment.

**Insurance:** I do not accept insurance. If you have a Health Savings Accounts (HSAs) or Flex Spending Account, please check with your policy as you may be able to seek reimbursement. I suggest you think of my services as something that you will pay for personally. That will both protect your privacy and help you value the work you are doing more. In general, insurance companies do not like to cover hypnotic services and I caution you not to expect them to do so.

**Exposure and COVID-19:** An inherent risk of exposure to Covid-19 exists in any setting where more than one person is present. Our practice follows all recommended precautions and rules regarding protecting public health. However, you voluntarily assume all risks related to exposure to Covid-19 or any similar illness should we meet in person rather than online.

**Confidentiality:** I will not release any information to anyone without a written authorization from you, except as provided for by law. You have a right to be allowed access to my written record about you.

**Education:** I am a Certified Hypnotist and trained in hypnotism at Whole Health Hypnosis Academy for Wellness Arts where I learned the latest in evidence-based cognitive, body-mind intelligence, neuroscience and most effective hypnotic techniques and methods. I attended live classrooms and studied hands-on techniques. I am a Certified Member of the National Guild of Hypnotists (NGH). The National Guild of Hypnotists is the oldest and largest hypnotism organization in the world and its certification is the most widely recognized credential for the professional practice of the hypnotic arts. I am a member and a Certified Hypnotist at the International Certification Board of Coaches and Hypnotists (ICBCH). I participate in annual education and training through educational events and other resources to maintain and enhance my training at the highest level. My highest degree is an associate degree, recognized by the United States of Department of Education. I have also worked for decades in the legal, insurance, financial and pharmaceutical industries.

**My personal approach:** I always make time for clients to ask questions or bring up any concerns before or after hypnosis sessions. I want my clients to be comfortable with hypnosis at all times and to feel safe. I discuss with each client their goals for the sessions and together we make a plan that is accepted by the client. Clients may cancel and stop hypnosis at any time. I find by using my client's inner resources, words and language, I can create new positive suggestions. Positive new inner language is reinforced through hypnosis scripts and guided imagery to help people make positive life changes. Changes that can be applied at the subconscious level.

**Notice:** AS THE STATE OF MASSACHUSETTS HAS NOT ADOPTED EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. Hypnotism is a self-regulating profession and not licensed by state governments. I am not a physician nor a licensed health care provider and may not provide a medical diagnosis nor recommend discontinuance of medically prescribed treatments. In the event my services are terminated by a client, the client has a right to coordinated transfer of services to another hypnotist. A client has a right to refuse hypnotism services at any time. A client has a right to be free of physical, verbal or sexual abuse. A

client has a right to know the expected duration of sessions and may assert any right without retaliation. Hypnosis may not be appropriate in people with severe mental illness.

*For the following states: Alaska, Arkansas, Arizona, District of Columbia, Hawaii, Maine, Maryland, Mississippi, Missouri, Montana, New York, Ohio, South Carolina, Tennessee, Texas, West Virginia, Wyoming and Ontario, The services I render are held out to the public as nontherapeutic hypnosis, defined as the use of hypnosis to inculcate positive thinking and the capacity for self-hypnosis. I do not represent my services as any form of health care or psychotherapy and despite research to the contrary, by law I may make no health benefit claims for my services.*

**Redress:** I am a **CERTIFIED MEMBER OF THE NATIONAL GUILD OF HYPNOTISTS** and practice in accordance with its Code of Ethics and Standards. If you have a complaint about my services or behavior that I cannot resolve for you personally, you may contact the National Guild of Hypnotists at P.O. Box 308, Merrimack, NH 03054-0308, (603) 429-9438, to seek redress. Every member of the National Guild of Hypnotists provides this information to every client to ensure ethical practice.



Our client acknowledges that Harmony Bridge Hypnosis Center, LLC does not represent Hypnosis as any form of health care. The client understands Harmony Bridge Hypnosis Center is not a medical provider and does not claim to make any medical diagnosis. The client assumes all personal responsibility against any personal injury, bodily injury, property damage, accidents during or after hypnosis session(s). The client expressly waives any and all rights to recover any damages or other relief from Harmony Bridge Hypnosis Center LLC and Denise Deveney including, without limitation, costs and attorneys' fees.

**Disclose immediately if any of the following apply to you. It's important to let us know if you are under a doctor's care or if you have any of the following contraindications:** Severe heart conditions, pacemaker, psychotic disorders, delusional/hallucinatory disorders such as schizophrenia and psychosis of varying types, drug or alcohol psychosis or addictions, dementia or senility, suicidal tendencies, epilepsy, comprehension difficulties, asthma or narcolepsy.

**By signing this form, the client acknowledges they have read the "Client Bill of Rights" and understand their rights and that any/all information within this intake form and within the intake interview is strictly confidential unless Hypnotist feels bodily harm to self or others may be at risk.**

If client is a minor, I hereby consent (List name and relationship to minor).

**SIGNED**

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

**Signature:** \_\_\_\_\_

Return this form to [DeniseDeveney@hotmail.com](mailto:DeniseDeveney@hotmail.com) prior to appointment.