

Insight Therapies

Intueri Hypno TM Life Coaching & Intueri Hypno TM Birthing and Beyond

PH: (877) 690-6140 * Fax (877) 690-6140 * USA

URL www.InsightTherapies.com * www.InternationalHypnotherapyTrainingInstitute.com

Disclosure and Consent Form for Hypnosis/Hypnotherapy

I, _____ have been advised by (Martha Watson) the scope of hypnosis/hypnotherapy practice and I give my full consent to receiving hypnosis/hypnotherapy sessions by (Martha Watson). I understand that results vary and that the above name practitioner may not guarantee results. 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. 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 (*Pennsylvania*). I am aware and understand that if services are in person, in some cases it may be necessary for the practitioner to respectfully touch my shoulder(s), hand, wrist, or forehead in order to assist me in relaxation. I give the practitioner permission and consent to do so in order to help me establish a beneficial state of hypnosis. 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. I have accurately provided background information as requested by the hypnotist/hypnotherapist. I understand that confidentially regarding my sessions will be honored between my hypnotist and myself. This same confidentially is respected when working with minors under the age of eighteen.

Signature of Client Date

Printed name of Parent or Guardian

Signature of Parent or Guardian Date

Client History

This form to be completed at initial session Date: _____

Name: _____

E-mail: _____

Address: _____ City: _____ State: _____

Zip: _____

Home phone:(____) _____ Work phone:(____) _____ Date of birth: __/__/____

Age ____ Sex ____

Marital status: _____ # of children: _____ Doctor's name: _____

Employed

by: _____ Title: _____

How did you hear about us? Yellow pages: Internet Weblink Partner Who? _____

Ad Which one? _____ Web site:

Referral:

Name: _____ Other: _____

Has anyone ever attempted to hypnotize you?

Yes No Who?: _____ Reason: _____

Do you believe you were hypnotized?

Yes No Why?: _____

Medical History

Have you been under a doctor's care in the past year? Yes No If yes, please give the reason: _____

_____ Doctor's name: _____

Have you ever been treated for an emotional problem? Yes No If yes, are you currently receiving treatment or counseling?

Yes No Have you had any prolonged illness?

Yes No When?: _____

Reason: _____ Have you been treated for

Heart Diabetes Epilepsy

Are you currently taking any medications? If so, what?: _____

Reason for medication?: _____

Reason you are coming for

hypnosis: _____

Any previous efforts to solve problem?

Yes No Results: _____

Are you currently undergoing medical or psychological treatment for the above problem? Yes No

Where?: _____ Doctor's name _____

Do have any questions about hypnosis? Yes No What are they?: _____

Signature (If client is a minor a parent or guardian must sign.)

Client Consulting Agreement

In requesting professional consultation and assistance, I understand that to be successful I must be entirely willing to:

Recognize that my health and well-being depend directly on how well I care for myself emotionally, physically, spiritually and intellectually.

Acknowledge that my feelings, thoughts, images and desires conscious and subconscious, ultimately determine the course of every action and relationship in my life.

Realize that blaming anything or anyone, including myself, is totally useless and that the only person that can take charge of my life is I.

Accept responsibility for myself, my choices and actions, and that I, knowingly or unknowingly, create them.

*Note: Responsibility means **the ability to respond**.*

Agree to be on time for my appointments, whether Online or in-person, meet my financial obligations promptly (**including any session missed without a 24-hour notice**), and participate wholeheartedly in the work I am undertaking. I know my heartfelt commitment is an important first step in my work here, and my signature below underscores that commitment. If, in all good conscious, however, I cannot align myself

fully with each statement above, I have initialed each acceptable item rather than signing at this time and agree to discuss in detail any reservations I may have.

Please Sign

Client/Co-Consultant Signature: _____ Date: _____

Consultant Consulting Agreement

In order to support you in deriving maximum benefits from our scheduled time together, I agree to:

- Use the best of my abilities and expertise to facilitate such changes as are mutually agreed to be in your best interest and in no way harmful to you.
- Work diligently to ensure as best I can that all suggestions given are positive in direction, beneficial in nature, and present within a context of health and well-being.
- Refrain from using you or your trust to satisfy any personal needs I may have outside of our working relationship.
- Offer you my undivided attention and professional assistance during our scheduled consultations.
- Inform you immediately if, in my judgment, you would be better served by another professional or an alternative/complimentary means of reaching your goals.

I am professionally committed to assisting you, in the shortest possible time and at the lowest possible cost in mobilizing your resources to achieve maximum results.

Consultant Signature: _____ Date: _____