

# Intake Form

## A Well Balanced Mind Hypnotherapy LLC

Please complete this form (All information is strictly confidential)

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Last Name (please print)	First Name	Middle Initial
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Street Address	City	State	Zip
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Home Telephone #	Cell Phone #
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Social Security Number	Birth Date	E-Mail Address
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M/F

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Sex	Marital Status	Occupation
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Emergency Contact Name & Contact Information

Have you ever been diagnosed with an emotional/mental disorder by a psychiatrist? ( ) Yes ( ) No  
If yes, what is your diagnosis? \_\_\_\_\_

Are you currently receiving counselling or treatment for mental health ( ) Yes ( ) No?  
If yes, by whom and address/phone number: \_\_\_\_\_

Have you ever been treated for an emotional problem? **Yes/No**  
If yes, please explain:

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Have you ever been treated for: (circle)

**Diabetes- Epilepsy- Heart Disorder- Digestive Problems-Pain (please circle)**

Are you taking any medications? ( ) Yes ( ) No  
If yes, reason for medication(s)

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Is your illness chronic/long-term? ( ) Yes ( ) No

Is there anything important about your issue(s) that you feel should be shared with your hypnotherapist prior to your session?

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Have you ever been hypnotized before? **Yes/No**

If yes, please explain:

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What outcome are you hoping to achieve through the use of hypnosis today?

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Any previous efforts to solve this problem? **Yes/No**

Results?

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Do you have any fears or phobias?

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How did you hear about me? (Circle all that apply)

**Relative- Friend or Colleague- Search Engine (Google, Yahoo, etc.)- Social Media- Other**

**Please read prior to signing: Terms & Conditions/Privacy Policy**

**Children's Privacy**

*All minors must have written parental consent prior to providing information to us. If you are a minor or the parent of a minor and are aware that a minor has provided information to us, please contact us immediately so that we can obtain written parental consent. If We need to rely on consent as a legal basis for processing Your information and Your country requires consent from a parent, We may require Your parent's consent before We collect and use that information.*

**CANCELLATION POLICY**

*We kindly request at least 48-hours notice for any rescheduling or cancellation of your appointment, so that we may offer it to someone else. Cancellations made with less than 48-hours notice will incur a charge up to 50% of the full session fee. If you wish to cancel then please phone or email immediately.*

*The Company reserves the right to cancel an appointment at their sole discretion, this will only be in exceptional circumstances, and as much notice as is possible will be given. The Company shall not be liable for any financial or other consequences of the cancellation. Please be aware a “no show” will also incur a charge of 50% of the arranged fee.*

### **REFUND POLICY**

*Hypnotherapy services are not eligible for refunds as the time has been allocated. However, we may offer a free session if there is an issue or concern with the session.*

*The hypnotherapist helps facilitate change by providing hypnotic suggestions. It's important to note that the hypnotherapist does not have the power to control or force the client into any actions they are not comfortable with. After each session, the hypnotherapist will check in to see if the client is satisfied. If a client experiences any doubt or apprehension during or right after a session, it's best for them to communicate their feelings to the hypnotherapist promptly.*

*If the hypnotherapist has any concerns throughout the client session, the concerns will be discussed with the client to determine the recommended course of treatment. The client has the option to take the recommendation or to not go ahead with future sessions. If the client has paid in advance for hypnotherapy sessions, the client has the option to not go ahead and the client will be refunded the amount that was paid in advance.*

*Although A Well Balanced Mind Hypnotherapy LLC has had great results, results cannot be guaranteed and may vary based on the mindset of the client, the desire to change and the commitment to follow instructions during and after the session.*

### **Consent**

*I am willing to be guided through relaxation, visual imagery, creative visualization, hypnosis, and stress reduction processes and techniques for the purpose of vocational and avocation self-improvement. I understand that the hypnotherapy I am receiving is not a substitute for normal medical care and I have been advised to discuss this hypnotherapy with any doctor who is taking care of me now or in the future. Additionally, I should continue any present medical treatment and consult my regular medical doctor for treatment of any or old illnesses.*

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

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

Preferred Name you would like to be addressed by: \_\_\_\_\_