

# Hypnotherapy By The Bay

## CONFIDENTIAL INTAKE

Name \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Contact Info: Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
E-mail \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone number(s): \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

From what source did you hear about me? \_\_\_\_\_

What would you like to use hypnotherapy to address today? \_\_\_\_\_

Previous efforts to reach this goal: \_\_\_\_\_

Have you ever undergone hypnotherapy before? (If so, please describe) \_\_\_\_\_

Are you currently utilizing any other professional assistance to help you reach this goal? (medical, mental health, spiritual counselor, alternative health, life coach, trainer, etc) \_\_\_yes \_\_\_no

If so, describe \_\_\_\_\_

Provider's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Provider's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Permission to contact all of the above provider(s) \_\_\_yes \_\_\_no

Have you been diagnosed with any of the following? Yes or no for each, please.

\_\_\_ Schizophrenia \_\_\_ Chronic Depression \_\_\_ Bi-polar \_\_\_ Heart Disease \_\_\_ Epilepsy

***If you have any of the above conditions, I must have a doctor's written permission to proceed with your hypnosis session. Ask me for form letter or download from my website.***

Have you been under physical or psychological treatment within the past year? \_\_\_yes \_\_\_no

If so, describe \_\_\_\_\_

Do you consume any mood altering drugs (psychiatric)? \_\_\_yes \_\_\_no If so, describe \_\_\_\_\_

Do you have any allergies? Yes \_\_\_ No \_\_\_ If so, please list them: \_\_\_\_\_

What else would you like to address using hypnotherapy? (in future visits) \_\_\_\_\_

Client signature indicating all information is true and complete:

Signature \_\_\_\_\_

Date \_\_\_\_\_

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### Informed Consent

I, \_\_\_\_\_, understand that hypnosis is a method for self-exploration and/or behavioral change. This may enable me to search for meaning and understanding and to direct my own personal growth and development. I further understand that all hypnosis is self hypnosis.

Since I am in total control of the hypnotic state and session, I can stop a session at any time. The hypnotist may use symbols and symbolic language, which I will interpret according to my own belief system. I understand that hypnotherapy uses trance and suggestion to adjust habits of thought, feeling, and behavior.

I choose the goals for hypnotherapy. I also choose the topics of discussion while in the trance state. I understand that hypnotherapy is not offered as a substitute for medical diagnosis and care.

I agree to allow sessions to be recorded (audio only) for the therapist's personal record. Under certain conditions the hypnotist may provide a copy of these recordings for self-hypnosis reinforcement between sessions.

I understand that all information on this form and from any hypnotherapy session is strictly confidential. No third party shall have access to my information. Exceptions:

- 1) I grant permission in writing to divulge private information;
- 2) I have indicated that a life is at risk by withholding private information; or
- 3) By force of law. This would include information that indicates a clear and imminent danger that I am going to harm myself or someone else or that describes a current incident of child or elder abuse or neglect.

I enter into hypnotherapy willingly and out of my own desire for self-exploration and/or behavioral change. Furthermore, I certify that I am requesting hypnotherapy services on my own initiative and realize that Janis KC Jarvis MA MHt CRtII does not diagnose ailments or prescribe treatments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **If the above mentioned client is under 18:**

I, \_\_\_\_\_, certify that I am the parent or legal guardian (circle one) of \_\_\_\_\_ . I have read and understand the previous paragraphs and I give my permission for \_\_\_\_\_ to participate fully in hypnosis sessions with Janis KC Jarvis MA Mht CRtII.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date