# CLIENT INTAKE FORM for *QC HYPNOTHERAPY*

\*Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Age \_\_\_\_\_\_\_\_\_\_\_\_ \*Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*SS# \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_

\*Reason for appointment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*Existing Health Issues \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Rate: Membership (50%) \_\_\_\_\_ Veteran (20%)\_\_\_\_\_

Miscellaneous \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# QUESTIONNAIRE for clients of *QC HYPNOTHERAPY*

 Circle yes or no, be honest to the best of your ability. Name ------------------------------------------------------------------

1. Have you ever walked in your sleep during your adult life?

 YES NO

2. As a teenager, did you feel comfortable expressing your feelings to one or both of your parents?

 YES NO

3. Do you have a tendency to look directly into a person's eyes and/or move closely to them when discussing an interesting subject?

 YES NO

4. Do you feel that most people, when you first meet them, are uncritical of your appearance?

 YES NO

5. In a group situation with people you have just met, would you feel comfortable drawing attention to yourself by initiating a conversation?

 YES NO

6. Do you feel comfortable holding hands or hugging someone you are in a relationship with in public?

 YES NO

7. When someone talks about feeling warm physically, do you begin to feel warm also?

 YES NO

8. Do you tend to occasionally tune out when someone is talking to you because you are anxious and at times, not hear what the other person said?

 YES NO

9. Do you feel that you learn and comprehend better by seeing and/or reading than by hearing?

 YES NO

10. In a new class situation, do you usually feel comfortable asking questions in front of the group?

 YES NO

11. When expressing your ideas, do you find it important to relate all the details leading up to the subject so the other person can understand it completely?

 YES NO

12. Do you enjoy relating to children?

 YES NO

13. Do you find it easy to be at ease and comfortable with your body movements, even when faced with unfamiliar people and circumstances?

 YES NO

14. Do you prefer reading fiction rather than non-fiction?

 YES NO

15. If you were to imagine sucking on a sour, bitter, juicy, yellow lemon, would your mouth water?

 YES NO

16. If you feel that you deserve to be complemented for something well done, do you feel comfortable if the compliment is given to you in front of other people?

 YES NO

17. Do you feel that you are a good conversationalist?

 YES NO

18. Do you feel comfortable when complimentary attention is drawn to your physical body or appearance?

 YES NO

19. If you image standing in the blindingly bright hot sun shining directly on to your skin, do you feel warm?

YES NO

20. Can you get lost or space off into a task and lose track of time.

YES NO

 Number of Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_

## QC Hypnotherapy Liability Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to release QC Hypnotherapy (and Hypnosis Practitioner), of any responsibility or injury occurring during my hypnosis session(s).

Sessions at QC Hypnotherapy are considered confidential information and we will not share unless expressly written by the client or municipalities (legal system).

 **Disclaimer**

Hypnotists work in behavioral science field but the HYPNOTIST is NOT a PSYCHOLOGIST, PSYCHIATRIST or MEDICAL DOCTOR. At no time will your Hypnosis Practitioner attempt to provide medical or mental treatments or medications. You affirm that hypnosis is appropriate for you and does not conflict with existing medical or psychiatric treatment. Always seek out and follow the advice of your physician or other professional medical practitioner along with Hypnosis.

 **Warranty:** No warranty will be given, expressed or implied.

 **Tape Recording**

I agree that portions of the hypnosis sessions may be recorded by the hypnotist and the client. I agree that no unauthorized sharing, selling or any use of any kind will occur by both parties for these and they are for session work and notes only not to be shared with other persons via any means, for liability and copyright issues.

 **Methods**

The Hypnosis Practitioners employ hypnosis techniques which are designed to facilitate the client’s quest for self- improvement and change. Specific additional techniques may include: Induction, Body Relaxation, Directed Imagery, Age Regression, and Pre and Post Hypnotic suggestions, some minor physical interaction.

**Training and Certification**

Hypnosis Sessions provided by:

Mark W. Carleton CHt. CHP Trained in hypnosis at the *Hypnosis Motivational* *Institute*, as a Certified Hypnotist and *American School of Hypnosis*, as Certified Hypnosis Practitioner.

Gypsy Lindhart CHP Trained in hypnosis at the *American School of Hypnosis*, as Certified Hypnosis Practitioner.

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