# CLIENT INTAKE FORM for *QC HYPNOTHERAPY*

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

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

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

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate set: Sessions\_\_\_\_\_ Membership (50%) single, two, family\_\_\_\_\_ Veteran (30%)\_\_\_\_\_

\*Other members list name, relationship, date of birth, age, gender and existing health issues for each.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# QUESTIONAIRE 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 apperance?

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 front of other people?

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 to come up with your side, 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 or lecture situaion, do you ususally 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

## 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 not shared unless expressly written by the client or municipalities (legal system).

**Disclaimer**

Hypnotherapists work in the health field but the HYPNOTHERAPIST is neither a PHSYCOLOGIST or MEDICAL DOCTOR. At no time will your Hypnosis Practitioner attempt to provide medical or mental illness cures 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 is given, expressed or implied, for satisfactory results from your hypnosis session(s).

**Tape Recording**

I agree that portions of the hypnotherapy 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 issues and copy right. I waive all rights and do not expect any compensation from any of the recordings taken during the hypnosis session.

**Methods**

The Hypnosis Practitioners employ hypnosis techniques which are designed to facilitate the client’s quest for self- improvement and/or relaxation. Specific additional techniques may include: Induction, Body Relaxation, Directed Meditation, Age Regression, and Guided Imagery.

**Training and Certification**

Hypnosis Sessions provided by: Mark W. Carleton CHt.. Trained in hypnosis by the *Hypnosis Motivational* *Institute*, and certified through both the *American Hypnosis Association* and by the *International Hypnosis Association LLC.* QC Hypnotherapy and its courses are certified by the *International Hypnosis Association LLC.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ (Signature of client) (Printed name of client) (Date)