

Ocotillo Hypnosis Confidential Client History

Name _____ Date _____

Address _____

City _____ State _____ Zip _____ Date of Birth ____/____/____ Sex **M** **F**

Home Phone _____ Work/Cell Phone _____ Email _____

Marital status _____ # of children _____ Employed by _____

Title/Duties _____

How did you hear about us? Yellow pages _____ Newspaper _____ Internet _____

Referral (name of person or physician) _____

Have you been under a doctor's care in the past year? **Y** **N** If yes, please give the reason _____

_____ Doctor's name _____

Have you ever been treated for an emotional problem? **Y** **N** Are you currently receiving counseling? **Y** **N**

Have you had any prolonged illnesses? **Y** **N** What? _____

Have you been treated for any of the following? Heart Condition ___ Diabetes ___ Epilepsy ___

Are you currently taking any medication? **Y** **N** If so, what? _____

Reason you are coming for hypnosis _____

Any previous efforts to solve the problem? **Y** **N** Results: _____

Are you currently undergoing other treatment for the above problem? **Y** **N** Doctor's name _____

Has anyone ever attempted to hypnotize you? **Y** **N** Who? _____ Reason _____

_____ Do you believe you were hypnotized? **Y** **N**

What do you expect to accomplish through hypnosis? _____

_____ How will you know if you've accomplished it? _____

Do you have any questions about hypnosis? **Y** **N** _____

Ocotillo Hypnosis

1. *I am willing to be guided through relaxation, visual imagery, hypnosis, and/or stress reduction techniques. I am aware these modalities are non-medical in nature and it is my responsibility to consult my regular doctor about any changes in my condition or changes in my medication.*
2. *I understand the above modalities are not substitutes for regular medical care and I have been advised to consult my regular medical doctor or health-care practitioner for treatment of any old, new or existing medical conditions.*
3. *I understand that change is my responsibility. The therapist is only a “facilitator” in the process of solving my problem(s). It is my responsibility to be open and honest, provide accurate feedback and be forthcoming with details and information that may help me achieve my outcomes.*
4. *I understand that the fee for tobacco cessation is for a program consisting of multiple sessions and that a partial refund for unkept sessions is not available.*
5. *I understand I may be assigned homework, tasks or other responsibilities; and I agree to follow any instructions to the best of my abilities, realizing they are specifically designed to help me achieve my outcomes.*

Trust and open communication are vital to our success in achieving your outcomes. It is our goal at Ocotillo Hypnosis to do the least amount of work and achieve the greatest amount of change in the shortest time possible. Your willingness to be honest and forthcoming during the initial intake and all subsequent sessions is vital to your outcome. The work we are about to begin is a “do with” not a “do to” process.

Now for a moment - could you close your eyes and imagine yourself in the future. Seeing yourself there, now, look back at yourself having made the changes you needed to make. Seeing yourself having made those changes you do like the way you look now, don't you?

Client's Signature _____ Date _____