



Hypno-Reiki Intake & Release Form

NOTE: All information will be kept strictly confidential except that which I am legally obliged to report such as threat of injury to self or others. Please be aware that the more you tell me about yourself, the more I may be of assistance to you. Feel free to use the back of the questionnaire to go into detail about anything you wish for me to know about you or to help you with.

Name _____ Date of Birth _____ Sex _____

Address _____ City _____ State _____

Zip Code _____ Email Address: _____

Preferred Phone: _____ Current Occupation _____

Personal Status: _____ Married _____ Single _____ Divorced _____ Separated _____ Widowed

Wearing contact lens? _____ During hypno-reiki your eyes will be closed for about 1 hour. If your contacts will cause eye irritation, you may want to bring your lens holder and solution so you can remove them just before hypnosis.

1. Why are you seeking hypno-reiki? (Reason for visit): _____

2. What do you think is the cause of the issue/problem? _____

3. When and under what circumstances did this issue begin? _____

4. What are the symptoms you would like to reduce or eliminate? _____

5. What do you do to relax? _____

6. Do you have any phobias/fears (i.e. elevators, water, heights, other)? _____

7. Have you ever been hypnotized? _____ Yes _____ No

If so, what was your experience? _____

8. Have you ever received Reiki or Energy Healing? _____ Yes _____ No

9. Are you sensitive to perfumes, fragrances or touch? _____

10. Are you comfortable with light touch during the hypno-reiki session? _____ Yes _____ No

11. Do you have any particular area(s) of concern? _____

12. Please list any allergies: _____



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13. Do you feel you have an analytical mind? _____ Non-analytical mind? _____

14. Are you being treated by a physician? ____ Yes ____ No

If yes, for what? _____

Doctor info (name, address, tel. #) _____

15. Are you being treated by a psychologist/psychiatrist? ____ Yes ____ No

If yes, for what? _____

Name, address, tel. # _____

16. List any medications you are currently taking: _____

17. How did you hear about this office? _____

18. Do you follow any spiritual or meditative practices? (if so please describe) _____

19. Is there anything else you want to share with me? _____

20. Are you currently experiencing any of the following: (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Inability to relax |
| <input type="checkbox"/> Sleeplessness | <input type="checkbox"/> Stress/Anxiety |
| <input type="checkbox"/> Forgiveness | <input type="checkbox"/> Compulsive Tendencies |
| <input type="checkbox"/> Nail Biting | <input type="checkbox"/> Teeth Grinding |
| <input type="checkbox"/> Inability to focus attention | <input type="checkbox"/> Self Care |
| <input type="checkbox"/> Smoking Cessation | <input type="checkbox"/> Sports Performance |
| <input type="checkbox"/> Sexual Dysfunction | <input type="checkbox"/> Self Esteem Issues |
| <input type="checkbox"/> Fears/Phobias | <input type="checkbox"/> Grief |
| <input type="checkbox"/> Lack of Motivation | <input type="checkbox"/> Unwanted Habits |
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Anger |

21. Please check any conditions you have now or have had in the past:

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Allergy to Nut Oils | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Skin Infections | <input type="checkbox"/> Seizure/Epilepsy | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Ulcers | | |
| <input type="checkbox"/> Other conditions; please list; _____ | | |



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RELEASE STATEMENT: I am of legal age, and in consideration of my acceptance as a participant in this hypnotherapy-reiki session, I for myself, my heirs, my executors, administrators and assignees, do hereby release and discharge Amy Cunningham, Self Reliance Hypnotherapy LLC, in any of the activities, from all claims of damages arising from, or growing out of my participation.

I hereby authorize Amy Cunningham, Self Reliance Hypnotherapy LLC, to hypnotize and provide reiki techniques on me for the purposes outlined in this intake form and for future purposes that I may request. I understand that the success of my hypno-reiki sessions depends greatly on my own ability to relax and desire to create change in myself.

I understand that because the results of my sessions depend greatly upon my own serious participation, that Amy Cunningham, Self Reliance Hypnotherapy LLC, cannot offer any guarantee of the success of my treatment. I am aware however, that Amy Cunningham, Self Reliance Hypnotherapy LLC, will do everything reasonably in her power to ensure my success.

I understand that Amy Cunningham IS NEITHER A TRAINED MENTAL HEALTH NOR A MEDICAL PRACTITIONER. At no time will Amy Cunningham attempt to provide medical or mental health therapy. I affirm that hypnosis and reiki are appropriate for me and does not conflict with existing medical or psychiatric treatment.

I understand that Reiki is a simple, hands-on energy technique that is used for stress reduction and relaxation. I understand that during the hypno-reiki session, Amy Cunningham, may touch me as an anchoring technique. I hereby give my permission and consent to do so in order to help me establish a beneficial state of hypnosis.

I understand that hypno-reiki is a professional service for which the provider is paid at an hourly rate for previously scheduled time. All scheduled appointments must be cancelled 24 hours before the scheduled appointment time. I understand that am financially responsible if I do not cancel the appointment via phone, voice mail message or email 24 hours before the appointment time and I will be charged for the missed session. I understand that my credit card information will be taken to secure the appointment and the full amount of the session will be billed to the credit card if I fail to attend the appointment without cancelation 24 hours prior to the appointment. I agree to be on time for all sessions. If I am more than 15 minutes late, the session will be rescheduled and I will be billed for the missed hour. I understand Amy Cunningham, Self Reliance Hypnotherapy LLC, offers NO money back guarantees.

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I understand that the Hypnotherapist and Reiki Practitioner do not diagnose illness, disease, or mental disorder. Nor do they prescribe medical treatment or pharmaceuticals. It has been made clear that energy healing is not a substitute for medical examination or diagnosis and that it is recommended that I see a MD/ND for any physical or mental ailment. With this in mind I agree that the Hypnotherapist and Reiki Practitioner cannot be held liable for any problems that might arise that I think could be attributed to the energy healing. I have stated all of my known medical conditions to my provider and if necessary I will keep her updated on my physical, mental, and emotional health. I acknowledge that the Hypnotherapist and Reiki Practitioner at Self Reliance Hypnotherapy LLC practice for the purpose of providing mental/emotional/physical and spiritual support using Hypnosis and Reiki Techniques. I attest that I understand the nature of the treatment and freely elect to receive treatments. I release the providers from any and all claims of malpractice, non-disclosure, or lack of informed consent.

I understand that Amy Cunningham, Self Reliance Hypnotherapy LLC, reserves the right to refuse treatment to anyone at any time. Anyone suspected of being under the influence of drugs or alcohol at the time of their scheduled session will be asked to leave immediately and will be charged the full amount of the cancelled session, no exceptions.

By signing this form I acknowledge that I have read and understand the contents of this release, I am 18 years of age or older and I execute this release of my own free will without undue influence.

Signature

Date