



Intake Questionnaire & 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

Children: How Many? _____ Male _____ Female

Wearing contact lens? _____ During hypnosis your eyes will be closed for about 45 minutes. 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 hypnotherapy? (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. Do you feel you have an analytical mind? _____ Non-analytical mind? _____



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9. Are you being treated by a physician? ___ Yes ___ No

If yes, for what? _____

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

10. Are you being treated by a psychologist/psychiatrist? ___ Yes ___ No

If yes, for what? _____

Name, address, tel. # _____

11. List any medications you are currently taking: _____

12. How did you hear about this office? _____

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

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

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

___ Depression

___ Sleeplessness

___ Forgiveness

___ Nail Biting

___ Inability to focus attention

___ Smoking Cessation

___ Sexual Dysfunction

___ Fears/Phobias

___ Lack of Motivation

___ Nervousness

___ Inability to relax

___ Stress/Anxiety

___ Compulsive Tendencies

___ Teeth Grinding

___ Self Care

___ Sports Performance

___ Self Esteem Issues

___ Grief

___ Unwanted Habits

___ Anger



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RELEASE STATEMENT: *I am of legal age, and in consideration of my acceptance as a participant in this hypnotherapy 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 me for the purposes outlined in this intake form and for future purposes that I may request. I understand that the success of my hypnosis 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 is appropriate for me and does not conflict with existing medical or psychiatric treatment.

I understand that during the hypnotherapy 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 hypnotherapy is a professional service for which the hypnotherapist is paid at an hourly rate for previously scheduled time. All scheduled appointments must be cancelled 48 business 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 48 business hours before the appointment time and I will be charged for the missed session. Any bill not paid within 14 days will be sent to collections. 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 48 business 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.

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