



Soul Empowerment

NAME:

DATE:

ADDRESS:

E-MAIL:

PHONE - Home:

Cell:

Work:

OCCUPATION:

BIRTHDATE:

EMERGENCY CONTACT PERSON (Name/relationship/number):

How did you hear about this work/who referred you?

Why are you here? What is your intention for the session(s)?

What physical, emotional and/or mental conditions are you experiencing that you would like to change?

Are you under the supervision of any other therapist, counselor or psychiatrist?

If you want them contacted in the case of an emergency, please list their name and phone number

Do you remember or know about any details of your birth (Hospital or home birth, C-section, breech, cord around neck, anesthesia, etc.)?

MEDICAL HISTORY

Allergies:

Hospitalizations:

Health concerns:

Major Surgeries/Illnesses/Injuries:

Sleep Patterns:

Current Medications:

Primary Care Physician:

Coffee/Tea?

Drugs ?

Special Diet?

Other ?

Any intense fears?

Spiritual/Religious Orientation:

Spiritual Beliefs:

What places/activities/hobbies are relaxing for you?

What is a healing color for you?

Have you had Hypnosis Before?

When?

Results?

What do you want to **feel** when you leave your session?

Have you been diagnosed with any of the following?
(** Answer Yes or No for each, please)

___ Schizophrenia

___ Chronic Depression

___ Bi-polar

___ Heart Disease

___ Epilepsy

If you have any of the above conditions, we must have a doctor's written referral to proceed with your hypnosis session.

Do you have any mental or behavioral condition requiring continued treatment by a psychiatrist or psychologist? _____ If yes, please explain:

Family Data - Please list parents, siblings, children

Name:

Relationship:

Age: (or date deceased)

Informed Consent:

I, _____, understand that hypnosis is a method for self-exploration and/or behavioral change. This may enable me to search for meaning and understanding and to direct my own personal growth and development. I further understand that all hypnosis is self-hypnosis.

Since I am in total control of the hypnotic state and session, I can stop a session at any time. The facilitator will use symbols and symbolic language, which I will interpret according to my own belief system. I understand that hypnosis is a trance state and uses suggestion to adjust habits of thought, feeling, and behavior.

I choose the goals for my hypnosis sessions. I also choose the topics of discussion while in the trance state. I understand that hypnosis is not offered as a substitute for medical diagnosis and care.

I agree to allow my sessions to be recorded (audio only) for my personal record or use for reinforcement.

I understand that all information on this form and from any hypnosis session is strictly confidential.

I enter into hypnosis willingly and out of my own desire for self-exploration and/or behavioral change. Furthermore, I certify that I am requesting these services on my own initiative and realize that The Voice of Clay does not diagnose ailments or prescribe treatments. I release The Voice of Clay from any liability for claims resulting from the use of its services.

My commitment to hypnosis will be for sessions payable at time services are rendered at a total cost of \$75.00/hour. If mutually agreed that additional sessions would be beneficial, they can be scheduled and paid for per session.

It is agreed that 24 hours advance notice by phone must be given to cancel an appointment. For a prepaid program of sessions, any missed appointment without proper cancellation will be forfeited. If paying per session, \$50 will be added to the cost of the next scheduled appointment for any non-timely cancellation.

Signature

Date

(Parent or Legal Guardian must also sign if under 18 yrs. old)
