

Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____

Address: _____

Employer: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Marital Status (circle one): Married Separated Single Divorced Widowed

Name of Spouse/Companion: _____

Emergency Contact Name: _____ Relation: _____ Phone Number: _____

Current Living Conditions: _____

How Did You Hear About Us?: _____

Are You Receiving Psychiatric Care or Counseling? (circle one): Yes No

If Yes, With Whom?: _____

List Any Current Health Problems: _____

Please Circle Anything Below that is Affecting Your Quality of Life:

- | | | | | |
|-------------------|-----------------------------|--------------------|-----------------|-----------------|
| Nervousness | Sleeplessness | Inability to Relax | Teeth Grinding | Nail Biting |
| Poor Health | Death of a Loved One | Overeating | Sadness | Fears |
| Poor Self Esteem | Lack of Focus | Poor Memory | Procrastination | Unorganized |
| Cigarette Smoking | Marital Problems | Divorce | Weight Gain | Current Illness |
| Goal Setting | Low Self Confidence | Fear of Speaking | Nightmares | Lack of Energy |
| Lack of Success | Overuse of Drugs or Alcohol | Abuse | Health Issues | Other |

If You Circled Abuse, Health Issues, or Other, Please Provide Details: _____

List Any Major Life Events That Are/Have Affected You: _____

List Three Important Goals: _____



} **Hypnosis, NLP
& Life Coaching**

List Your Favorite Pastimes: _____

Current Occupation: _____

Do You Enjoy Your Work: _____

If You Could Do, Have, or Become Anything, What Would You Wish For?: _____

Why Are You Seeking Hypnosis: _____

I Feel Guilty When: _____

I Feel Happiest When: _____

I Get Angry When: _____

I Feel Sad When: _____

Strengths I've Had Since I Was a Child: _____

Weaknesses I've Had Since I Was a Child: _____

Someone I Look Up To: _____

The Things About Them I Most Admire: _____

Do You Believe in God (circle one): Yes No Do You Observe Any Religious Practice: _____

If So, Describe in as Much or as Little Detail as You Like: _____

Have You Been Hypnotized Before?: Yes No

Describe Your Experience: _____

Express Any Other Ideas or Concerns: _____



DCC Hypnosis, NLP & Life Coaching Center Consent Form

I understand that the consulting hypnotist is not a physician, does not practice medicine, and does not diagnose, prescribe, or treat medical conditions. Hypnosis can be used to compliment my doctor's care, by helping to implement behavioral changes. However, I understand that a referral from a physician or licensed mental health counselor is required if I request hypnosis for any medical or psychiatric condition. I also understand that hypnosis is not a replacement treatment for traditional medical or mental health treatment, and should never be used as such.

I release and hold harmless, DCC Hypnosis, NLP & Life Coaching Center and the individual consulting hypnotists, Deana Chapman and/or Suzanne Bratton, for any work done now and in the future. I understand that the success of my hypnosis sessions depends greatly on my own ability and desire to create change in my life. Therefore, I agree to participate completely in my wellness program. I agree to be on time for my appointments. I am willing to complete assignments, improve behaviors, and work towards my goals. I have read and understood my client bill of rights, and I feel comfortable with my consulting hypnotist's credentials. I am aware of the DCC Hypnosis, NLP & Life Coaching cancellation policy. I agree to give 24-hour notice if I cannot make my scheduled appointment. If I fail to do so, I agree to pay a \$75.00 cancellation fee. I agree to pay for sessions and/or packages at the time of service unless otherwise written arrangements have been made. If collection activity ever becomes necessary, collection fees and/or attorney fees will be my responsibility.

Although hypnosis can be highly effective, no guarantee has been offered. I understand that hypnosis fees are non-transferable and non-refundable.

Signature: _____ Date: _____

Printed Name: _____