

HYPNOTHERAPY INTAKE FORM
Modern Hypnosis Works
Vanessa Lindgren, CHT, MH
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540-454-0213

Name: _____

Address: Street _____ City _____

State _____ Zip _____

DOB: _____ Occupation: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Marital Status: _____ Emergency Contact: _____
Phone: _____

GOALS FOR YOUR HYPNOSIS SESSION:

How did you hear about Modern Hypnosis Works?

Internet Search; Advertisement; Business Card; Client or Physician
Referral-Their Name: _____

Have you been diagnosed with any of the following? OCD (Obsessive-compulsive disorder); Severe Clinical Depression; Schizophrenia; Bipolar or manic-depressive; Seizure disorder; Post-traumatic-stress syndrome; Parkinson's disease; Alzheimer disease or dementia; Brain injury; Diabetes. Details: _____

Are you currently taking any of the following Medications: Circle all that apply.

Anti-depressants | Anti-Psychotics | Blood Pressure Meds | Anti-Spasmodic | Asthma Meds Other:

Are you under the care of a mental health professional? Yes_____ No_____

For: _____

Their Name: _____

Their Phone: _____

Do we have your permission to talk to your Doctor/Heath Care Provider about your presenting issues and goals? _____

SIGNED PERMISSION TO SPEAK WITH THEM:

CONFIDENTIALITY: I will not release any information to anyone without a written authorization from you, except as provided for by law. You have a right to be allowed access to my written record or a summary of my record about you.

RELEASE STATEMENT

*"By signing this, I understand that hypnosis is not a substitute for medical or psychological care or medication. Hypnosis is not meant to diagnose or treat any disease, but rather it is intended to provide information, education, and motivation that will promote feeling better, improving faster, and generally being more effective. It is designed to give me insight and tools into my innate healing potential and guide me into being more effective in helping myself. **I have been encouraged to advise my doctor and/or seek the advice of a licensed health care provider, should I choose to, with regard to treating me for specific medical or psychological problems.***

I hereby authorize Modern Hypnosis Works 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 participate and desire to create change in myself. I understand that like other healing arts, the practice of hypnosis is not an exact science. I understand that Modern Hypnosis Works LLC cannot offer any guarantee of the success of my treatment, nor are refunds given

for services rendered. I am aware, however, that Modern Hypnosis Works LLC will do everything in its power to ensure my success. I do hereby release and discharge Modern Hypnosis Works LLC and its associates from all claims of damages or responsibility from alleged damages arising from or growing out of my participation in hypnosis, Neuro-linguistic Programming, visualization or other tools and techniques employed by Modern Hypnosis Works LLC. Also, I understand that audio recordings may be made during sessions and that Modern Hypnosis Works LLC retains rights to these recordings.

By signing this form, I am stating that I have read this form and understand all of its contents.

I acknowledge the limitations of hypnotherapy. I understand that hypnosis is not offered as a substitute for medical diagnosis and care. Vanessa Lindgren is not a medical doctor or psychologist. I further acknowledge that Vanessa Lindgren has advised me to continue to seek appropriate diagnosis and treatment of my symptoms from qualified medical practitioners or other health care professionals.

I have read and understand the policies and testify that the information I have provided is true: Signature of parent or guardian required if client is less than 18 years old.

Signature: _____

Date: _____