

CLIENT INFORMATION

Please email completed form to: Wayne@RMHypnosis.net prior to scheduled sessions ALL INFORMATION IS STRICTLY CONFIDENTIAL

First Name		Last Name				
Date of Birth:	Sex: Male Female	Email:				
Address:						
City:		State:	Zip:			
Home. Phone Number:		Cell Phone Number:				
CLIENT SELF-ASSESSMENT						
What is the presenting Issue?						
When and under what circumstances did this issue begin?						
How has this affected your life?						
Has it ever been different?						
What specifically about your issue is leading you to seek out hypnosis as a means of help?						
Have you tried other kinds of therapies? Yes No If "yes" what types of therapies:						
What life-style or attitude changes have been partially successful?						



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Depression Fear Glamour Shame Romance Loss Grief Abandonment Embarrassment Frustration Anger Sadness Masculinity Happiness Boredom Feminishy Anxiety Lack of Satisfaction Relaxation Loneliness Sexual Issues Other: "Check all that apply (if you're not sure, just 'go with your gut' and use your intuition) MEDICAL HISTORY Are you currently being treated for any of the issues you want to be hypnotized for? Yes No If 'yes' name all Dris and provide contact info for them. Name: Phone: Have you had, or do you now suffer from any prolonged illness? Yes No If yes, please explain: Lithe undersigned, understand all questions and verify that all information is complete and accurate to the best of my knowledge. I also understand that they hypnotize methods used by Hypnotistics) at Reflective Mind Hypnosis per not a substitute for medical or psychiatric treatment. Londerstand that they hypnotize methods used by Hypnotistics) at Reflective Mind Hypnosis permission to hypnotize me or the minor child whose name appears at the top of this form. I lived further grant permission for the sessions to be recorded-fixed as needed. RELEASE STATEMENT: Ihereby garant the Hypnotist Port of the sessions to be recorded-fixed as needed. RELEASE STATEMENT: Ihereby authorize Wayne H. Walker to hypnotize me for the purposes outlined in this intake form and for future purposes that may request. Lunderstand that the success of my hypnosis therapy depends greatly on my own ability to relax and desire to create change in myself. Lunderstand that the success of my hypnosis therapy depends greatly on my own solitic participation that Mr. Wolker cannot offer any guarantee of the overything reasonship in his power to ensure my secsions. Legend greatly upon my own solitic participation that Mr. Wolker that an at least 11 years of age. By signing this document, I am confirming that all information is true to the best of my knowledge, and I agree to all the terms listed above. I give Wayne Wolker, Master Hypnotist Permission to contact my d	Do you associate any of th	ese emotions with your is	ssue?					
Anger Sadness Masculinity Happiness Boredom Femininty Anxiety Lack of Satisfaction Relaxation Loneliness Sexual Issues Other: "Check oil that apply, (if you're not sure, just "go with your gut" and use your intuition.) MEDICAL HISTORY Are you currently being treated for any of the issues you want to be hypnotized for? Yes No If "yes" name all Dr's and provide contact info for them. Name: Medications for this issue are: Have you had, or do you now suffer from any prolonged Illness? Yes No If yes, please explain: We note that they hypnotic methods used by Hypnotist(s) at Reflective Mind Hypnosis are not a substitute for medical or psychiatric treatment. Lunderstand that they hypnonic methods used by Hypnosis(s) at Reflective Mind Hypnosis are not a substitute for medical or psychiatric treatment. Lunderstand these methods to be a conditioning process, whereby an individual is taught to use their own abilities for their benefit and well-being. With this understanding, thereby grant the Hypnotist(s) of Reflective Mind Hypnosis permission to hypnotize me or the minor child whose name appears at the top of this form. I (we) further grant permission for the sessions to be recorded/taped as needed. RELEASE STATEMENT: I hereby authorize Wayne H. Walker to hypnotize me for the purposes outlined in this intake form and for future purposes that I may request. Lunderstand that the success of my hypnosis therapy depends greatly on my own ability to relax and desire to create change in myself. Lunderstand that the success of my hypnosis therapy depends greatly on my own serious participation that Mr. Walker cannot offer any waynantee of the success of my treatment. I also understand that no refunds will be given after sessions are desersions are complete. I am aware however, that Mr. Walker will do everything reasonably in his power to ensure my success. I certify that I am at least 18 years of age. By signing this document, I am confirming that all information is true to the best of my knowledge, and I agree to	Depression	Fear	Glamour	Shame	Romance			
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Guardian's signature (if client is a minor) Date	Client's signature				Date			
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