

The FARE*hypnosis* Center

Name _____ Date _____

Address _____

City _____ Zip _____ Phone H _____

Birthdate _____ Married _____ Single _____ Divorced _____ Phone C _____

Email _____ Are you a spiritual person? Y N Maybe

Occupation _____ Children's ages _____

How did you hear of FARE? or referred by _____

Though you are under no obligation to answer and will not be disclosed unless required by law, it is helpful to know if you have ever been treated for:

Diabetes	Y	N	Aches/Pains	Y	N
Heart Condition	Y	N	Allergies/Asthma	Y	N
Cancer	Y	N	Fears/Phobias	Y	N
Epilepsy	Y	N	Panic symptoms	Y	N

Other persistent problems or conditions _____

In the past year have you/are you currently seeing a doctor for medical and/or emotional reasons? Y N If so, explain: _____

Medications/purpose _____

Do you drink alcohol? Y N Do you take/abuse drugs/medications? Y N

Have any of these events occurred in the past 3 years, are occurring, or will in the next 6 months:

Deaths	Y	N	Job lost/change	Y	N	Move	Y	N	Marriage	Y	N
Divorce	Y	N	Child leave home	Y	N	Birth	Y	N	Accident	Y	N
Miscarriage	Y	N	Abortion	Y	N	Pet death	Y	N	Other	Y	N

Explain _____

Are you experiencing any excessive: (Check all those applicable)

Anger	Guilt	Sadness	Inadequacy	Loneliness	Boredom
Stress	Fear	Frustration	Sympathy	Other	

Have you been hypnotized before? Y N If so, when and for what reason:

Did you get the outcome you expected?

What brings you here today? Why now?

In what ways have you tried to address this before?

What obstacles have gotten or could get in the way of your success in addressing this issue?

Pleasant places? Beach, mountains, garden etc.

Unpleasant places or fears? beach, elevators, etc.

List 3 specific accomplishments you are most proud of

Please list seven **specific** positive benefits that you expect to gain from making the change you would like to make:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Check as many of the following as it applies to you, and fill in the blank space if appropriate:

____ I know of a past experience or relationship that could be causing this problem

____ I am aware of an internal conflict that may be causing part (or all) of my problem

____ If I get better, I stand to lose

____ If I wasn't so much like _____ I'd feel much better

In addition to this form, please initial that you have received these additional documents via email, mail, or in person:

_____ Welcome letter

_____ Client Bill of Rights

We require a credit card number or an advanced payment (check/cash) to hold and confirm your appointments. Credit cards will be charged if you do not show up, or cancel or reschedule your appointment within the required two working days' (Monday - Friday) notice. For example, if the appointment is on Monday, in order not to be charged for an appointment, our office must be notified of the change no later than Thursday during office hours.

Clients making cancellations within the 2 working day period, missing appointments or rescheduling on the same day as the appointment will be charged \$200.00 for the time scheduled for that day, because we will be unable to utilize that time to schedule in another client upon such short notice. Please know that we make very few exceptions to this policy.

We ask that you arrive 10 minutes before your appointed time. If you are late, you will forfeit that amount of time for your visit. Occasionally we may run late with a client. You will always receive your full, allotted time.

Like the other healing arts, the practice of hypnosis is not an exact science, therefore, results are not guaranteed, nor are refunds given for services rendered. The FARE Hypnosis Center video records all sessions for your protection, and are reviewed for quality control and ongoing training at The FARE Hypnosis Center, so that we can continually improve and provide quality hypnosis services.

By signing and dating this form, you acknowledge and agree that the information contained here is complete and accurate and that you understand our policies. Thank you, and we look forward to working with you!

Client Signature

Date _____

Hypnotist

Date _____