

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 _____ Spouse/Significant Other name _____

Children's name/ages _____

How did you hear of FARE? or referred by _____

Though you are under no obligation to answer medical questions and they will not be disclosed unless required by law, it is helpful for us 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	Anxiety/depression/mental illness	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 year, 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:

Anger	Y / N	Guilt	Y / N	Sadness	Y / N	Fear	Y / N
Loneliness	Y / N	Boredom	Y / N	Inadequacy	Y / N	Stress	Y / N
Frustration	Y / N	Sympathy	Y / N	Other	Y / N		

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

Did you get the outcome you expected? _____

Why are you choosing hypnosis to address your goal? _____

What brings you here today? _____

When do you think it started? _____

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

Why are you addressing this now? _____

In what ways have you tried to address this before? _____

What makes you feel better? _____

What makes you feel worse? _____

What people/places/events or things **have gotten or could get in the way** of your success in addressing this issue?

How would life be different if this was solved? _____

What if nothing changes? _____

What else should I know? _____

On a scale of 1-10 how ready are you to solve this? _____

The following information will be used in your hypnosis sessions to help you reach your objectives. Please list seven **specific positive** benefits that you would like to accomplish:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

I acknowledge that I have watched the online video entitled “*What you need to know about your hypnosis visit*”. Please initial that you have received and read these additional documents that explain our office policies via website, 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!

_____ Date _____
Client Signature

_____ Date _____
Hypnotist