

# CONFIDENTIAL CLIENT HISTORY FORM

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Occupation \_\_\_\_\_ No. of Children: \_\_\_\_\_

How did you hear about us? Internet / Website \_\_\_\_\_ Brochure \_\_\_\_\_ Other \_\_\_\_\_

Or, Referral \_\_\_\_\_ If so, who referred you? \_\_\_\_\_

If you were referred by a medical professional, may we discuss your progress with him/her? Yes \_\_\_\_\_ No \_\_\_\_\_

Has anyone ever tried to hypnotize you? \_\_\_\_\_ Reason: \_\_\_\_\_

Do you believe that you were hypnotized? \_\_\_\_\_ Why? \_\_\_\_\_

Generally, how did it go for you? \_\_\_\_\_

Reason you are coming for hypnosis \_\_\_\_\_

Any previous attempt to address this issue? Yes \_\_\_\_\_ No \_\_\_\_\_ Results \_\_\_\_\_

We find it useful to sometimes use a holistic approach (mind-body-spirit) when appropriate.

Would you consider yourself a spiritual person? (Circle One) Yes - No - Maybe

## Medical History

Are you currently undergoing medical or psychological treatment for the above issue? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where? \_\_\_\_\_ Dr.'s name? \_\_\_\_\_

Have you been under a doctor's care in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", please give reason \_\_\_\_\_ Dr.'s name? \_\_\_\_\_

Have you ever been treated for emotional problems? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", are you currently receiving treatment or counseling? Yes \_\_\_\_\_ No \_\_\_\_\_ By whom? \_\_\_\_\_

Have you ever been treated for: Heart \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Pain \_\_\_\_\_ Are you currently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what \_\_\_\_\_

Reason for medication? \_\_\_\_\_

Have you had any prolonged illness? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", what illness \_\_\_\_\_

*Other situations in your life that you'd like to resolve/improve:*

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Smoking                | <input type="checkbox"/> Confidence             | <input type="checkbox"/> Spelling Problems/Dyslexia | <input type="checkbox"/> Fear of Public Speaking   |
| <input type="checkbox"/> Weight Issues          | <input type="checkbox"/> Sales Motivation       | <input type="checkbox"/> Nail Biting                | <input type="checkbox"/> Fears of Doctors/Dentists |
| <input type="checkbox"/> Chronic or Acute Pain  | <input type="checkbox"/> Time Management        | <input type="checkbox"/> Stuttering                 | <input type="checkbox"/> Habits                    |
| <input type="checkbox"/> Headaches              | <input type="checkbox"/> Positive Thinking      | <input type="checkbox"/> Grief                      | <input type="checkbox"/> Goal Achievement          |
| <input type="checkbox"/> Stress                 | <input type="checkbox"/> Relationship Issues    | <input type="checkbox"/> Alcohol Usage              | <input type="checkbox"/> Recovering Memories       |
| <input type="checkbox"/> Sports Performance     | <input type="checkbox"/> Anger / Irritability   | <input type="checkbox"/> Sexual Concerns/Fears      | <input type="checkbox"/> Self Esteem               |
| <input type="checkbox"/> A.D.H.D.               | <input type="checkbox"/> Test Anxiety           | <input type="checkbox"/> Breast Enhancement         | <input type="checkbox"/> Teeth Grinding (Bruxism)  |
| <input type="checkbox"/> Insomnia or Snoring    | <input type="checkbox"/> Low Grades             | <input type="checkbox"/> Fibromyalgia or IBS        | Other: _____                                       |
| <input type="checkbox"/> Concentration Problems | <input type="checkbox"/> Fears Or Panic Attacks | <input type="checkbox"/> Pre/Post-Surgery Concerns  | _____  |

**Sessions at Washington DC Hypnosis Center may be videotaped, and become part of your confidential record.**

**Any appointment changes need to be made two business days in advance. Appointments broken or canceled without the two business days' notice will be charged for the session.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
\*Parent/Guardian Signature (required if under 18 years old)

**\*If you wear HARD contact lenses, please remove them before your session, as they inhibit your ability to relax.**

# Client Bill of Rights

**Contact Information:** To contact us at the Washington DC Hypnosis Center, you can reach us by phone at 202-657-4293 or 301-717-1207, or by e-mail at [info@HypnosisWashingtonDC.com](mailto:info@HypnosisWashingtonDC.com). A complete list of contact information can be found on our webpage at [www.HypnosisWashingtonDC.com](http://www.HypnosisWashingtonDC.com).

**Education and Training:** Taylor Sherman was trained in Hypnotism at the Atlantic Board of Hypnosis and through other educational seminars, videos and books. He is a Certified Hypnotist and Certified Instructor with the National Guild of Hypnotists, which is the oldest and largest hypnotism organization in the world and its certification is the most widely recognized credential for the professional practice of the hypnotic arts. We attend and participate in annual continuing education classes and seminars to maintain our training at a high level.

Irit Horn is a Certified Master Hypnotherapist, and has obtained certifications from the National Guild of Hypnotists, the International Association of Counselors and Therapists, and the International Association for Regression Research and Therapies. She is also a Certified Diabetic Motivational Coach, and has completed hundreds of hours of complementary training.

**Notice: AS THE STATE OF VIRGINIA AND THE STATE OF MARYLAND HAVE NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY.** Hypnotism is a self-regulating profession and its practitioners are not licensed by state governments. I am neither a physician nor a licensed health care provider and may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis or any other type of treatment from a different practitioner, the client may seek such services at any time. In the event my services are terminated by a client, the client has a right to coordinated transfer of services to another practitioner. A client has a right to refuse hypnosis services at any time. A client has a right to be free of physical, verbal or sexual abuse. A client has a right to know the expected duration of the work being done, and may assert any right without retaliation. The services we/I render are held out to the public as nontherapeutic hypnotism, defined as the use of hypnosis to inculcate positive thinking and the capacity for self-hypnosis. We/I do not represent our services as any form of health care or psychotherapy, and despite research to the contrary, by law we/I may make no health benefit claims for our services.

**Redress:** I am a certified member of the National Guild of Hypnotists, and practice in accordance with its Code of Ethics and Standards. If you have a complaint about my services or behavior that I cannot resolve for you personally, you may contact the National Guild of Hypnotists at P.O. Box 308, Merrimack, NH 03054-0308, (603) 429-9438, to seek redress.

**Fees:** The fee for each group session is \$80. Individual session prices vary by issue. Payment is due at the time services are rendered. If you are a current client, you will be given 30 days notice of any change in fees. Most sessions are 1 to 1 ½ hours in duration with the exception of the first session which is normally between 1 ½ to 2 hours. The preferred method of payment is cash or check. Because of high volume, we do not generally process major credit card or PayPal payments for group sessions. For individual sessions you may consult with us in advance regarding these additional payment methods.

**Cancellation Policy:** Our cancellation policy is a minimum of forty-eight (48) hours in advance. Cancellations or no-shows after that time will be billed at the standard session fee. If you have a coupon or voucher, a cancellation without appropriate notice will result in the forfeit of the voucher. If you are late for a session more than 15 minutes, that session is deemed cancelled under this policy. Repeated cancellations or no-shows may result in being unable to book further appointments.

**Guarantee:** As hypnosis involves a human factor it would be unethical and unprofessional for me to guarantee any results from undergoing Hypnotism. While Hypnosis has been proven to be effective for many day to day problems I can not guarantee that every client will be successful as a human factor is involved. Hypnosis involves a human factor which means it is based on the motivation and expectations of

the client. Each person experiences hypnosis in their own unique way which makes each case and session unique. Our service is no different than doctors, lawyers, coaches and other professionals that can't guarantee results. What I can guarantee is that I will put "110 percent" into my work with you and provide you friendly, reliable, knowledgeable service. The clients I have worked with so far have reported very powerful changes and I strive for that with each and every client.

**Confidentiality:** I will not release any confidential information to anyone outside of our organization without a written authorization from you, except as provided for by law. Confidential information includes personal, medical and psychological details as well as the contents of each session. You have a right to be allowed access to my written record about you.

**Insurance:** Currently we do not accept forms of insurance. Insurance companies are not usually willing to support any forms of hypnosis, and as such we do not accept insurance coverage. If you are coming with a doctor's referral, you may be able to be reimbursed by your flexible spending account or health savings account; however this is not guaranteed, and may not be available. Please bring an alternate method of payment.

**Minors:** Appointments for children under the age of 18 require written consent from the parent or guardian who must accompany them to the visit.

**My Approach:** The services I render are hypnotic in nature and my main goal is to provide you tools and techniques to facilitate growth and help you identify and achieve your personal and professional goals. To be effective, you are expected to follow through on all commitments made. I do not independently work with mental disease, my work is considered non-therapeutic as it aims to help normal people harness their unconscious wisdom, learn to make their own right decisions and get in touch with their own abilities to figure out solutions. I ask if you are under the care of a health care provider that you request a referral or have your health care provider acknowledge that he/she is aware that we will be working together in my role as a consulting hypnotist, personal/professional coach and/or consultant. I put a lot of time and effort into helping each client so I ask that you please take this process seriously. I also reserve the rights to terminate any session if I feel the client isn't taking the work seriously or following instructions.

**Client Signature:** I have received and read this Client Bill of Rights and understand and agree to what I have read.

Sign here: \_\_\_\_\_

# BENEFITS FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Fill out this form **completely**. The information will be helpful during your session.*

**Please list seven of the benefits 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 that apply to you, and fill in the blank space when appropriate.**

\_\_\_ I often feel that I should be punished for something I once did.

\_\_\_ 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 solve this issue, I stand to lose \_\_\_\_\_.

\_\_\_ If I wasn't so much like \_\_\_\_\_, I'd be much happier.

**If you have any questions about this form or hypnosis, please write them down here.**

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# SERVICE GUARANTEE

**Please read and sign before completing the rest of the forms.** I do my very best to ensure that I provide the highest quality hypnosis services available. I do this by constantly improving my techniques and keeping up with the latest developments in the field of hypnosis. I have been certified by the National Guild of Hypnotists, the Hypnosis Motivation Institute, the International Association of Counselors and Therapists, Society of Experiential Trance, and the Atlantic Board of Hypnosis.

**Hypnosis is a very powerful process that has helped thousands of Americans to make the kinds of changes that they want to make in their lives. However, hypnosis is not “mind control.”** For example, no one, not even the very best hypnotist, could make you lose weight or stop smoking if you really don’t want to. Nor could he or she accurately predict how many sessions it will take. Most people (but not everyone) begin to experience the benefits from the very first session and most people are done in five to eight sessions. Ultimately, you are responsible for the changes that occur as a result of the hypnosis sessions.

**This is both “good” and “bad.” It is “good” because, after you have made the changes that you want using hypnosis, you deserve a great deal of the credit, and this knowledge helps you to make more changes in your life. But, on the other hand, it is “bad” because we cannot guarantee that the changes will come about. In fact, this is true in any situation where a professional is trying to help you. There is always a human factor. Doctors don’t guarantee that you will get well. Teachers can’t guarantee that you will learn, and lawyers can’t guarantee that you will “win” your case. What I can guarantee is the very best service, using current information and appropriate hypnotic techniques for your situation.**

**Clients must make any changes (e.g. rescheduling or canceling their appointment) at least two working days before their appointment or they will be charged in full for the appointment.**

*By signing this, I am stating that I have read this form and the Client Bill of Rights on this date, and I understand that, like the other healing arts, the practice of hypnosis and hypnotherapy is not an exact science. Therefore, results are not guaranteed, nor are refunds given for services rendered.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# RELEASE STATEMENT

I hereby authorize Taylor Sherman, Irit Horn, and the Washington DC Hypnosis Center including any associates or trainees (collectively "The Hypnotists") to use hypnotism with me for the purposes outlined in the intake form and for the future purposes that I may request. I understand that the success of my hypnosis work depends greatly on my own ability and desire to effect change in myself. I understand that the results of my sessions depend greatly on my own serious participation, and that the hypnotists cannot offer any guarantee of the success of my sessions. I am aware, however, that the hypnotists will use their skills and experience to help ensure my success. I also understand that I have other choices from which to seek assistance regarding my specific concerns, and I have chosen hypnosis at this time.

**Initial here to indicate you have read the above section:** \_\_\_\_\_

I am aware and understand that in some cases it may be necessary for the hypnotists to respectfully touch my hand, wrist, shoulder, or forehead to assist me in relaxation. Hypnosis may include and be enhanced by the use of music, environmental sound, sound effects, aromas, subliminal messaging, appropriate tapping, touching, holding, positioning, or repositioning the body, or any other methods that the hypnotists may believe to be helpful and appropriate under the circumstances.

I give the practitioners permission and consent to do so and to use this and other methods in order to help me establish a beneficial state of hypnosis.

**Initial here to indicate you have read the above section:** \_\_\_\_\_

I understand voice mail, email and other forms of electronic communication or postal mail cannot be considered secure, but despite this knowledge I authorize The Hypnotists or their staff to contact me regarding my appointments, billing, hypnosis information, newsletters, offers, or follow-up at the contact information listed on my "Confidential Client History Form."

**Initial here to indicate you have read the above section:** \_\_\_\_\_

I understand that sessions at Washington DC Hypnosis Center may be audio or video-recorded for insurance purposes, and become part of my confidential record.

Permission and authority is granted to use information given or obtained during the session for opinions, results gathered in this situation for study and research, teaching, publication, advertisement, and statistics gathering. However, we will not use your name or the name of your child without specific permission. In the case of being ordered by a court of law, you agree we can divulge any and all information obtained during a session. I agree to indemnify and hold harmless the above mentioned parties and the Washington DC Hypnosis Center and related entities, to the fullest extent of the law.

This contract is a full expression of the intent of the parties and is considered the final agreement between them; any guarantees express or implied are hereby disclaimed. I have read this entire agreement and agree to the terms.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_