



Client Intake Form

Name _____

Date of Birth _____ Age _____

Phone (____) _____ Do you text? **(Yes/No)**

Email _____

Would you like me to contact you to follow up on your visit? **(Yes/No)**

Single Married Divorced Partnered Widowed Co-habiting Kids

Religious/spiritual preference (*optional* – this can help customize your sessions)

Place of Employment _____

Occupation _____

Referred by _____ May I thank them? **(Yes/No)**

Please list any relevant medical/emotional conditions/history and medications:

Do you have any specific fears or phobias? (e.g., water, heights, snakes, etc.)

Please indicate any areas you would like to address in this or future sessions:

- Anger Anxiety Blocks to progress Body image Childbirth
- Chronic pain Conception Daily living Depression Dreams
- Eating habits End of life transition Fears Focus Goals Grief Illness
- Inability to relax Injuries Lack of energy Libido Life purpose
- Overcoming addictive behaviors Postpartum stress Pre and post-op stress
- Procrastination Public speaking Relationships Self-esteem Sleep
- Smoking cessation Sports/talent/career performance Stress
- Trauma Weight reduction

Other:

What other forms of therapy have you tried?

According to RCW 18.19.020, "Counseling" means employing any therapeutic techniques including, but not limited to, social work, mental health counseling, marriage and family therapy, and hypnotherapy, for a fee that offer, assist, or attempt to assist, an individual or individuals in the amelioration or adjustment of mental, emotional, or behavioral problems, and includes therapeutic techniques to achieve sensitivity and awareness of self and others and the development of human potential. For the purpose of this chapter, nothing may be construed to imply that the practice of hypnotherapy is necessarily limited to counseling.

Have you tried hypnotherapy before? **(Yes/No)** What was the outcome of that experience?

Since all hypnosis is self-hypnosis, are you willing to actively participate in your treatment? (I.e., do you understand that you yourself are the one in charge of your process?) **(Yes/No)**

Because hypnotherapy, like all therapy, is a process, do you understand that it may take several sessions to resolve an issue, that results cannot be guaranteed, and that as the therapist I cannot control the time it takes for you to progress as this is your own unique process? **(Yes/No)**

Is there anything else you think I should know prior to beginning sessions?

Please read the following carefully before signing:

Disclosure:

- I am a registered hypnotherapist (HP 60584594) with a certificate from Bellingham Technical College.
- I am a member of the National Guild of Hypnotists.
- I use hypnotherapy techniques to help people discover negative energy patterns and help transform them into positive forces in order to overcome unwanted habits, reach a goal, and/or change their lives in positive ways.
- Sessions are \$100 for 1 - 1.5 hours (3 sessions: \$270) (5 sessions: \$400), due at time of service.

Your session is confidential – that is your right. The only exceptions are:

- if you waive the right to confidentiality
- if you confess to a crime (felony)
- if you are involved in a civil or criminal lawsuit (a judge can order your file be turned over to the court)
- if you make statements that a child, elderly, or disabled person has been abused or neglected
- if you are a minor and there is evidence of abuse
- if you make statements that indicate you intend to harm yourself or others
- if charges have been brought against me for unprofessional conduct
- if I receive a subpoena to a court hearing related to this session
- if I need to consult with another of your healthcare providers (in which case you will be asked to sign an authorization for release of information about your services)

Other than in these cases, all information is held in strict confidentiality to the full extent of the law.

It is very important that the hypnosis client builds a strong sense of trust with the hypnotherapist. If there is anything further you would like to discuss with me before the session or any boundaries that you would like set to ensure your comfort and relaxation please bring these issues to my attention.

This form and all of the notes for your session/s will be safely locked in my office.

Do you give Diane Ripper permission to use information about your session (without using your name or other identifying information) for writing, teaching, or consultation purposes? **(Yes/No)**

*I understand that Diane Ripper is not qualified to give legal, financial, or medical advice or to diagnose mental disorders or to conduct psychotherapy. I agree that I am solely responsible for any action that I take or refrain from taking in connection with the topics discussed during our session. I understand that as the client, I have the right to refuse treatment. I understand that it is my responsibility to choose the provider/treatment modality which best suits my needs. **(Yes/No)***

*I am aware and understand that the practitioner can help establish a beneficial state of hypnosis by respectfully touching my shoulders, hands, wrists, arms, legs, sternum, face, or forehead in order to assist me in relaxation. I give Diane Ripper permission and consent to do so in order to help me reach a deeper level of relaxation. **(Yes/No)***

*I have completed the Client Intake Form to the best of my ability and I have disclosed any mental or physical health problems that may be pertinent to the safe facilitation of a hypnosis session. I have read and understood my rights. I understand that payment is expected, by cash, check, or credit card at the time of service (credit card transactions include an extra 2.9% fee). **(Yes/No)***

Printed Name of Client

Date

Signature of Client (or Parent/Guardian)

TREATMENT AGREEMENT

I understand that hypnosis is a natural state of mind and I am utilizing these services of my own free will. I am also aware that while under hypnosis it is impossible for anyone to coerce me into any action that is against my own ethical and moral code.

I therefore agree that I will in no way hold Diane Ripper responsible for any personally irresponsible, socially irresponsible, or criminal actions I may commit after utilizing her services as a hypnotherapist.

I also agree that no member of my family will now or in the future make claims against or initiate any suit against Diane Ripper.

I understand that hypnotherapy is not a magic fix but instead a process which requires active participation on my part and which can bring up emotions. I understand that the goal of hypnotherapy is to discover and release obstacles to success, which can be a difficult process. I understand that:

***Hypnotherapy** is dialoguing while in a hypnotic/meditative state and using techniques such as these in order to discover and release the cause of inner conflict and resistance:*

- ***Parts Therapy** (talking to different personality parts, like the part of you who wants to do something and the part who is afraid to or won't)*
- ***Regression** (revisiting past events that may be still be causing an effect to reprocess/ reframe them)*
- ***Gestalt Therapy** (role playing people who may be creating an impact in order to say what needs to be said and respond from their point of view)*

The goal of all of these techniques is to create shifts in perspective in order to heal or move forward.

Printed Name of Client

Date

Signature of Client (or Parent/Guardian)