

CLIENT INTAKE FORM

Client Information

Name: _____ Date: _____
Address: _____ Email: _____
City: _____ Postal Code: _____
Telephone number: (____) _____ Business: (____) _____
Birth date: ____/____/____ Employer: _____ Occupation: _____
Marital Status: _____ Children: _____ How did you hear about us? _____

Medical History

Health problems and Medications: _____

Name of Physician/Psychologist: _____ Tel: _____

Why do you need Hypnosis Services? _____

Check others that apply:

___ Weight control ___ Stress ___ Sleep better ___ Motivation ___ Optimism ___ Self-confidence
___ Stop procrastination ___ Health ___ Spirituality ___ Other

Describe any previous efforts to solve this problem: _____

Please list at least 7 Benefits of making this change in your life:

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

RELEASE STATEMENT: I hereby authorize Fabiola Miguel CH to hypnotize me for the purposes outlined in this intake form. I understand that the success of my hypnosis therapy depends greatly on my own ability to relax and desire to create change in myself. I understand that because the results of my sessions depend in part upon my own serious participation, that Fabiola Miguel cannot offer any guarantee of the success of my treatment. I am aware however, that Fabiola Miguel CH will do everything reasonably in her power to ensure my success. Client acknowledges understanding this questionnaire, and all information provided is accurate and complete to the best of the client's knowledge and that hypnosis is a healing modality working alongside, not instead of medical care.

Client signature: _____

CLIENT'S BILL OF RIGHTS

Contact information: My name is Fabiola Miguel. I can be contacted through my office at 106 Lakeshore Rd. E. Suite 206, Mississauga, ON. L5G 1E3 or by telephone at 905-277-1113

Education and Training: I was trained in Hypnosis at the Ontario Hypnosis Centre, a government approved education facility and at the Banyan Hypnosis Center for Training and Services in the USA. I am a Certified Hypnotist, Certified Neurolinguistic Programming Practitioner, Advanced 5-PATH Hypnotist, Certified member of the National Guild of Hypnotists and the 5-PATH International Hypnotherapy Association and I do annual continuing education to maintain my training at a high level.

Notice: **"The province of Ontario has not adopted any educational and training standards for the practice of hypnotism. This statement of credentials is for Informational Purposes only. Under Ontario law a hypnotist 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 refuse hypnosis services at any time. A client has a right to be free of physical, verbal or sexual abuse. A client has the right to know the expected duration of treatment, and may assert any right without retaliation". Hypnosis can be used as a complementary treatment to traditional medicine and not instead. If you suffer from a medical condition please consult with your doctor before making an appointment since Hypnosis is not a replacement for medical treatment.**

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 ever 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. Other services than my own may be available to you in the community. You may locate such providers in the telephone book.

Confidentiality: I will not release any information to anyone without a written authorization from you, except as provided for by law. You have a right to be allowed access to my written record about you.

Insurance: I suggest you think of my services as something that you will pay for personally. That will both protect your privacy and help you value the work you are doing more. In general, insurance companies do not like to cover hypnotic services, and I caution you not to expect them to do so.

My approach: My goal is to help clients achieve positive changes and improve their lives through the art and science of Hypnosis in an ethical, professional and respectful manner.

Payment of Fees, Cancellations, Missed or Late Appointments: Clients can pay by the session, but for most services, I ask clients to buy a package. If the process is going to be effective, it is of utmost importance that each client be clearly committed to keeping their appointments. A 24-hour notice is required for any changes or cancellation to your appointment. if you give less than 24 hours notice, you will be charged a fee regardless of the reason. Since Telephone is more reliable than email, clients should always phone to office to notify of changes to their appointment.

Clients are expected to arrive on time for their appointments. 20 minutes or more late for an appointment, will be considered a missed appointment and the full amount of the session will have to be paid.

If you arrive less than 20 minutes late for your appointment, you will be allowed whatever time remains for your session.

I have received and read this client Bill of Rights and understand and agree with what I have read.

Client signature: _____

Client name: _____

Date: _____

New Life Hypnotherapy Services
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