

Intake Sheet

(stoppage)

Date _____ Referred by _____

What issues bring you here for hypnotherapy?

Goal for hypnotherapy?

Name _____

Address _____

Cell Phone _____ Other Phone _____

Email _____

Date of Birth & Where? _____

Education – Where & What Field? _____

Occupation _____

Relationship Status _____

Parents Living? _____ Together? _____ Siblings? _____

In Therapy Now? _____

Or have been in therapy? _____ Or Hypnotherapy? _____

Name & Phone # of Therapist? _____

Name & Phone # of Emergency Contact? _____

Medications? _____

(see page 2)

Kay B. Heatherly, Certified Hypnotherapist
1626 A Union Street, San Francisco, CA 94123

Consulting Agreement:

Hypnotherapist:

I agree to the best of my abilities to help you make the changes you seek and to treat you with care and respect. I am fully committed to the time that I have scheduled for you. I agree to give you my undivided attention and professional assistance during our scheduled consultation, and I agree to strict confidentiality.

I am professionally committed to using my training and skills to assist you in mobilizing your own resources to achieve the results you seek. I do not represent myself to be qualified as a psychologist or marital / family counselor.



Kay B. Heatherly

Client:

I realize that my success depends on my own commitment to improving the situation that brings me here.

I acknowledge that the hypnotherapist is not diagnosing, prescribing for, or treating any physical or mental ailments, and that she has made no representations to me that she is qualified to do so. I release the hypnotherapist from any liability regarding my hypnotherapy session. Any conclusions I draw from my session are mine and I take full responsibility. I understand that these sessions are not psychotherapy, but are a therapeutic alternative aimed at creating positive change in my life.

I acknowledge and understand that the sessions do not constitute a replacement for psychotherapy or marital / family counseling, and I take full responsibility for commencing and / or continuing such treatment where the same is necessary or appropriate. I realize that in hypnosis, it's not the depth of the trance that matters for positive change... light-to-medium trances are proven to be highly effective.

I agree to be on time for appointments and to pay for any missed appointments not cancelled at least 48 hours in advance. (If there is an emergency and the session can be scheduled within the week, there will be no charge for the missed appointment.)

I agree to participate in a minimum of 3 sessions, knowing that this is a process. At the end of the 3rd session, if I feel more sessions are necessary, I understand they are available to me.

Client's Name

Date

(See page 3)

DISCLOSURE

Kay Heatherly is providing professional services for avocational or vocational self-improvement of Client which does not include therapy for emotional or mental disorders. She is not a licensed physician. These services provided are alternative or complementary to the healing arts services that are licensed by the State of California. Hypnotherapists, and the services they provide, are not licensed by the State of California.

I, Kay Heatherly, have acquired the following education, training experience, and qualifications regarding the services to be provided:

Certification by the Palo Alto School of Hypnotherapy and the National Guild of Hypnotherapists.

I, the undersigned Client, acknowledge that I have been advised of the foregoing in a language that I understand, that I have been given a copy of this "Client Disclosure" form, and that I understand a copy shall be maintained by Kay Heatherly for a period of three years.

Dated _____

Client's Signature _____