

## Hypnotherapy Intake Form

Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Address: \_\_\_\_\_  
\_\_\_\_\_

Preferred Contact Telephone# (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_M \_\_F

Today's Date: \_\_\_\_\_ Date of 1<sup>st</sup> session: \_\_\_\_\_

Please tell me what subjects you want to address and explain:

\_\_\_ Anxiety / Stress Management - \_\_\_\_\_

\_\_\_ Weight Loss - \_\_\_\_\_

\_\_\_ Insomnia - \_\_\_\_\_

\_\_\_ Eating Disorder - \_\_\_\_\_

\_\_\_ Overcome Fears - \_\_\_\_\_

\_\_\_ Self Esteem - \_\_\_\_\_

\_\_\_ Body Image - \_\_\_\_\_

\_\_\_ Pregnancy - \_\_\_\_\_

\_\_\_ Post Partum - \_\_\_\_\_

\_\_\_ Pain Management - \_\_\_\_\_

\_\_\_ Medical Condition - \_\_\_\_\_

Please provide additional information about any of the above subjects that you need help with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell me about your three biggest personal strengths?

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_

New You Counselling & Hypnotherapy  
Maureen "Hannah" Maher, BA, DO, CCPA

What is your prior experience with hypnosis:

- None
- Have been hypnotized one on one
- Have listened to hypnosis tapes or CD's
- Have read books on hypnosis
- Have friends/family who have been hypnotized

What are your beliefs about hypnosis?

- I think it can help me
- I will try it and see what happens
- I am a skeptic

HEALTH: Please list all medical and mental health conditions for which you are currently being treated or have been treated for in the past.

1.) Diagnosis: \_\_\_\_\_

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

Any Medications? \_\_\_\_\_

2.)Diagnosis: \_\_\_\_\_

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

Any Medications? \_\_\_\_\_

3.) Diagnosis: \_\_\_\_\_

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

Any Medications? \_\_\_\_\_

Please elaborate about any other health concerns, fears, or issues that you have:

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Do you take any supplements?

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Do you occasionally use drugs or substances?

Unprescribed pain pills

Prescription pain pills

Prescription anti-anxiety medications (such as Valium or Xanax)

Unprescribed anti-anxiety medications

Other drugs - Specify: \_\_\_\_\_

New You Counselling & Hypnotherapy  
Maureen "Hannah" Maher, BA, DO, CCPA

Do you have sleep difficulties?

Rarely  
 I don't get enough sleep  I have  
trouble falling asleep  I have trouble  
staying asleep  I sleep too much

Please tell me about your eating Patterns:

I am on a special diet - \_\_\_\_\_  
 I eat mostly healthy foods  
 I don't eat regularly  I  
overeat  
 I do not eat enough  I binge  
eat  
 I purge myself when full  I snack  
too often

Please tell me about your exercise activities:

I work out frequently - Specify: \_\_\_\_\_  
I exercise occasionally - Specify: \_\_\_\_\_  
I do not get enough exercise  
 I have a health condition that limits my ability to exercise - Specify: \_\_\_\_\_  
\_\_\_\_\_

In my personal relationships, I am:

Unsatisfied  
 Sometimes satisfied  Mostly  
satisfied  
 I am very happy with my relationships with others

What do you do to handle tension and stress? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you do for fun? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your hobbies? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell me what you hope to accomplish with hypnosis?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel that you are ready to commit to effecting change in your life now?

\_\_\_\_\_  
\_\_\_\_\_

**Please read the following description of what takes place during an Initial Intake Session and indicate whether you have any additional requirements or expectations below:**

The purpose of an Initial Intake Session is to formulate a plan for your future Hypnosis sessions.

It is not a form of talk therapy or psychotherapy as my approach is one of Positive Contextual Psychology, where our focus is on the "here and now".

Based on the information you shared in your Intake Forms, we will identify your goals & obstacles to achieving the life you want for yourself.

This valuable information will help me propose a Hypnotherapy Session Plan that is personalized to your needs and to how you respond best.

We will finish by mutually deciding how and when we will work together (if we agreed to move forward and work together), how many hypnosis sessions you will need, and what subjects will be addressed in each one.

Initial Intake Sessions for Hypnotherapy have a very specific goal-oriented format where I will ask you to identify specifically what issues you wish to change or improve now, so that we may create an action plan to modify, add, or free you from limiting beliefs and behaviors. Hypnotherapy is not appropriate for complex emotional or psycho-social challenges, nor will it be recommended if you are struggling with underlying mental illness.

If you feel you need additional time together before formulating a Hypnotherapy Session Plan to develop a rapport of trust or to discuss your thoughts, feelings, and experiences related to the issues that brought you to me, please indicate this when filling out the intake forms, and we will take a less structured approach. This generally means we will have 2 - 3 Counselling sessions together prior to formulating a Hypnotherapy Session Plan. Please note that these will be Counselling sessions, and not Psychotherapy sessions as per my training and credentials.

Please plan for a 90 minute session. Fee \$165 prepaid

**Please indicate which option you prefer:**

I know what I want to accomplish with Hypnotherapy and I am ready to formulate a Hypnotherapy Session Plan during our Initial Intake Session.

I need additional time together in the form of Counselling before formulating a Hypnotherapy Session Plan. I understand that Maureen does not provide Talk Therapy style Psychotherapy, but rather Counselling, which is more situation specific and does not address any past or underlying mental illness history I might have.

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

## Hypnotherapy Learning Systems Inventory

The following quiz to find out if you operate primarily from a visual, auditory or kinesthetic (feeling) representational system.

Read each statement and consider the 3 responses A, B and C.

Mark an X or ✓ the one response for each question that most closely matches your thoughts on the subject of the question.

<p>1.) When you are injured, what is your immediate response: ___ a.) See the wound as if it is magnified. ___ b.) Hear the sound of impact. ___ c.) Feel the sensation of pain.</p>	<p>6.) If you buy an assemble-it-yourself project, what do you do: ___ a.) Look at the picture on the box. ___ b.) Read the directions out loud. ___ c.) Just start building and complete it by trial and error.</p>
<p>2.) When you spell a new or difficult word, do you: ___ a.) Visualize it on a blackboard. ___ b.) Sound it out. ___ c.) Start writing it out.</p>	<p>7.) Which is more appealing or interesting to you: ___ a.) Artful Images of beautiful people. ___ b.) The sounds of a sensual voice speaking. ___ c.) The feeling of human touch.</p>
<p>3.) When you read, do you: ___ a.) See images of what you are reading. ___ b.) Have conversations with the characters. ___ c.) Seek stories with action and behavior.</p>	<p>8.) When you go to movies or watch TV, do you: ___ a.) Prefer rich scenery of distant places. ___ b.) Enjoy the dialog of heavy movies like court dramas. ___ c.) Get bored and wish you could go do something else.</p>
<p>4.) When you think, do you: ___ a.) Imagine your thoughts as a movie. ___ b.) Hear yourself talking to yourself. ___ c.) Become distracted by external activity.</p>	<p>9.) When you give a speech, do you: ___ a.) Talk with your hands. ___ b.) Hear yourself telling you what to say. ___ c.) Speak slower than other people.</p>
<p>5.) When driving, do you: ___ a.) Daydream in pictures. ___ b.) Listen to talk radio. ___ c.) Rock out and dance.</p>	<p>10.) When relating to others, do you: ___ a.) Imagine them taller, fatter, further, closer, or different in any way; or pay particular attention to unusual features they possess. ___ b.) Find it easy to follow the stories, jokes and conversations with others without feeling lost. ___ c.) Move toward them, feeling their energy.</p>

A answers = \_\_\_\_\_

B answers = \_\_\_\_\_

C answers = \_\_\_\_\_

## Informed Consent & Agreement to Policies

*Please print your name in the first space, then sign, print and date below to indicate that you understand what you have read.*

I, \_\_\_\_\_, agree to engage in the process of Counselling and Hypnotherapy.

The sessions I will undertake are not meant to treat any mental illness condition. Rather, I understand that I will be learning life skills to induce positive thinking, create commitment to change and to learn the techniques of self-hypnosis to produce self-control over physical experiences and emotional awareness

I agree to continue medication as prescribed by my physicians and understand that hypnotherapy is not a substitute for medical care. I understand the Counselling & Hypnotherapy services I am requesting neither diagnosis nor treats any medical or mental health condition, instead offering tools of self-discovery and awareness to compliment any medical treatment prescribed by a physician. If any medical symptoms progress or become acute I agree to seek medical attention from a licensed healthcare provider. I understand that the methods of hypnosis include relaxation, breath work, creative visualization, positive affirmation, self-awareness development and other techniques and may produce physical and emotional responses.

I agree to inform my hypnotist of any adverse feelings or experiences related to this process, at the time of my awareness of them. I have been informed as to the limits of hypnosis effectiveness. I am over age 18, and consent to Counselling & Hypnosis services offered by M a u r e e n M a h e r .

### **Cancellation & Refund Policy**

Hypnotherapists invest up to two hours preparing to a hypnosis session in advance of each session due to the fact that each session is custom tailored according to our unique needs. As a result, all Hypnosis sessions must be pre-paid. If a series of more than one sessions is requested and agreed upon, that series of sessions in its entirety must be pre-paid in order for Maureen to book any future appointments and being working on creating your series of personalised session.

I understand that requesting and agreeing to a session or series of sessions implies a personal and financial commitment on my part, just as I understand that my Therapist is investing considerable time preparing for my sessions in advance of the the appointments. Because of the considerable amount of time invested by the Therapist to prepare for my pre-booked and pre-paid sessions, sudden cancellations and requests for full refunds will not be accepted.

We do, however, provide for partial refunds under the following conditions:

If I request a session, agree to the date/time, agree to be charged for the session with the payment information I will provide below, if I decide to cancel within more than two business days prior to the appointment, I shall be refunded the amount I was billed minus a \$50 CDN admin fee which reflects the amount of time and energy the Therapist invested in Reviewing my Intake Information and making a preliminary plan for my personalised Hypnosis session.

If the client decides to cancel less than two business days prior to the appointment, no refund shall be provided, as your personalized session has already been written and planned. If the cancellation is for valid medical reasons, the session can be rescheduled within three months.

By signing this Consent form and submitting it as part of my request to be considered as a potential client, I am stating my expressed agreement to abide by these terms.

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

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

**Payment Information:**

In order to confirm an appointment, and due to the abovementioned reasons, all sessions must be pre-paid. Valid credit card information must be provided. The full amount of the session will be billed to your credit card in order to study your Intake Information and for the time invested that the Therapist prepares prior to any subsequent sessions. Clients also have the option of paying online themselves when requesting an Initial Intake Session or committing to a series of sessions.

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Name on credit card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date of Credit Card: \_\_\_\_\_

Security Digits (usually found on back of card) : \_\_\_\_\_

Postal Code affiliated with credit card: \_\_\_\_\_

Signature of client requesting appointment:

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