

Diane Mitchell, Certified Hypnotherapist
American Council of Hypnotist Examiners #108-152

Disclosure and Consent Form for Hypnosis/Hypnotherapy

I, _____, have been advised by Diane Mitchell, C.Ht. of the scope of hypnotherapy practice, and I give my full consent to receiving hypnotherapy sessions from Diane Mitchell, C.Ht. I understand that results vary and that the above named practitioner may not guarantee results. Hypnotherapy is not a replacement for medical treatment, psychological or psychiatric services or counseling. I also understand that Diane Mitchell, C.Ht. does not treat, prescribe for or diagnose any condition.

I understand that the practitioner is a facilitator of hypnosis or hypnotherapy and is not practicing any other profession that requires a license under the laws of the State of Nevada.

I am aware and understand that in some cases it may be necessary for the practitioner to respectfully touch parts of my body such as my shoulder(s), arms, legs, forehead, etc. in order to assist me in relaxation. I give the practitioner permission and consent to do so in order to help me establish a beneficial state of hypnosis. I have been advised that I am free to terminate any or all sessions at any time. I have agreed to participate in each session to the best of my ability.

I have accurately provided background information as requested by Diane Mitchell, C.Ht. I understand that confidentially regarding my sessions will be honored between my hypnotherapist and myself. This same confidentially is respected when working with minors under the age of eighteen.

Signature of Client Date _____

Printed name of Parent or Guardian

Signature of Parent or Guardian Date _____

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Client History

Name: _____

E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home phone:(____) _____ Work phone:(____) _____

Date of birth: ____/____/____ Age ____ Sex ____

Marital status: _____ # of children: _____

Doctor's name: _____

Occupation: _____

How did you hear about my services? Yellow pages Ad Web site Referral

Name: _____ Other: _____

Has anyone ever attempted to hypnotize you? Yes No

Who?: _____ Reason: _____

Do you believe you were hypnotized? Yes No

Why?: _____

Medical History

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

If yes, please give the reason: _____

Doctor's name: _____

Have you ever been treated for an emotional problem? Yes No

If yes, are you currently receiving treatment or counseling? Yes No

Have you had any prolonged illness? Yes No

When?: _____

Reason: _____

Have you been treated for Heart Diabetes Epilepsy

Are you currently taking any medications? If so, what?

Reason for medication? _____

Reason you are coming for hypnosis: _____

Any previous efforts to solve problem? Yes No

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What did you do? _____

Results: _____

Are you currently undergoing medical or psychological treatment for the above problem?

Yes No

Where? _____

Doctor's name _____

Do have any questions about hypnosis? Yes No

What are they? _____

Signature _____ Date _____

(If client is a minor a parent or guardian must sign.)

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Client Consulting Agreement

In requesting professional consultation and assistance, I understand that to be successful I must be entirely willing to:

- _____ Recognize that my health and well-being depend directly on how well I care for myself emotionally, physically, spiritually and intellectually.
- _____ Acknowledge that my feelings, thoughts, images and desires, conscious and subconscious, ultimately determine the course of every action and relationship in my life.
- _____ Realize that blaming anything or anyone, including myself, is totally useless and that the only person that can take charge of my life is me.
- _____ Accept responsibility for myself, my choices and actions, and that I, knowingly or unknowingly, create them. *Note: Responsibility means **the ability to respond**.*
- _____ Agree to be on time for my appointments, meet my financial obligations promptly (*including any session missed without a 24-hour notice*), and participate wholeheartedly in the work I am undertaking.

I know my heartfelt commitment is an important first step in my work here, and my signature below underscores that commitment. If, in all good conscience, however, I cannot align myself fully with each statement above, I have initialed each acceptable item rather than signing at this time and agree to discuss in detail any reservations I may have.

Initial Statements and Sign

Client/Co-therapist Signature: _____ Date: _____

Hypnotherapy Consulting Agreement

In order to support you in deriving maximum benefits from our scheduled time together, I agree to:

- Use the best of my abilities and expertise to facilitate such changes as are mutually agreed to be in your best interest and in no way harmful to you.
- Work diligently to ensure as best I can that all suggestions given are positive in direction, beneficial in nature, and present within a context of health and well-being.
- Refrain from using you or your trust to satisfy any personal needs I may have outside of our working relationship.
- Offer you my undivided attention and professional assistance during our scheduled consultations.
- Inform you immediately if, in my judgment, you would be better served by another professional or an alternative/complimentary means of reaching your goals.

I am professionally committed to assisting you, in the shortest possible time and at the lowest possible cost, in mobilizing your resources to achieve maximum results.

Hypnotherapist Signature: _____ Date: _____