



**CONFIDENTIAL HYPNOTHERAPY INTAKE
FORM AND CONSENT**

(please print clearly)

Name: _____ Date _____

Date of birth : _____ (M/D/Y) Sex: M F

Address: _____

EmailAddress: _____

Empower your Health with monthly health tips by Nature's Touch: YES _____ NO _____

Telephone number:

Home: _____ Work: _____

May we leave messages or email relating to your visits? YES. NO

Emergency contact:

Name: _____

Phone number: _____ Relation: _____

How did you hear about our Clinic?

_____ If referred, who were
you referred by: _____

Other health care providers you are seeing:

1.

2.

3.

Anne Marie Flavell, CHt
Association for Integrative Psychology #HP-000627

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

If yes, what type of treatment did you receive?

Please list any medications you are currently taking:

Please list any current health problems:

How would you like to improve yourself in positive ways?

Occupation: _____

Have there been any previous methods to solve the problem? If so, please describe the method and results:

In one sentence, describe your life:

In one sentence, describe your

problems:

What motivates you?

List one thing you feel proud of and why:

For each question, please check off the characteristic that best describes you and your behaviour:

1. I make important decisions based on:

- How I feel about it
- Which way sounds the best to me
- Which way looks best to me
- A complete analysis and evaluation of the issues

2. In a discussion I am most likely to be influenced by:

- The other person's tone of voice
- Whether or not I can see the other person's point of view
- The logic of the other person's perspective
- How I connect with the other person's feelings

3. I communicate what is going on with me most by:

- The way I appear and look
- How I share my feelings
- How I express my thoughts
- The tone of my voice

4. I find it easy to:

- Fine-tune the volume and resonance on a stereo system
- Find the most logical point on a subject
- Pick out the most comfortable furniture
- Picture the most attractive colour combinations

5. Which phrase is most like you?

- I am tuned into the sounds around me
- I process new facts and data easily
- I am very in touch with the way my clothes feel on my body
- I vividly respond to colours and to the way a room looks

6. I know that someone knows me best when they:

- Are in touch with what I am feeling
- See things from my point of view
- Really hear what I am saying
- Understand how I think

7. I am more likely to:

- Want to make sense of the facts you convey to me
- Want to see how it appears to me
- Want to hear how what you say sounds to me
- Want to grasp how the project feels to me

8. To make something real to me you need to:

- Show it to me
- Tell me about it
- Let me feel it out
- Make it logical

9. When I am stressed I find it least easy to:

- See someone else's perspective
- Tune into what someone else is saying
- Separate my feelings from someone else's
- Consider someone else's thinking

10. I usually:

- Listen to my inner voice
- See my path clearly ahead
- Feel my way through life
- Organize and decide my life logically

Important Appointment Information

All sessions shall be scheduled in advance. Should you be unable to make your session, please provide a minimum of 48 hours notice. Thank you.

Signature: _____

Date: _____

DISCLOSURE AND CONSENT FORM: HYPNOTHERAPY

Full Name: _____

I have accurately provided background information as requested on the New Client Intake form and understand that confidentiality regarding my sessions will be honoured between my hypnotherapist and myself.

I hereby consent to be guided by Anne Marie Flavell, CHt., through relaxation, visual imagery, creative visualization, hypnosis, and stress reduction processes and techniques for the purpose of self-improvement. I understand that the success of my hypnotherapy depends greatly on my own ability and desire to influence change in myself.

I understand that the hypnotherapy I am receiving is not a substitute for normal medical care and I have been advised to discuss this hypnotherapy with any doctor that attends to me now, or in the future. Additionally, I should continue any present medical treatment and consult my regular medical doctor for treatment of any illnesses.

I have accurately provided background information as requested and understand that confidentiality regarding my sessions will be honoured between my hypnotherapist and myself.

Signature: _____ Date: _____

Hypnotherapist _____ Date: _____

