

Reason(s) you are coming for hypnosis/hypnotherapy:

1: _____

2: _____

3: _____

4: _____

5: _____

Any previous efforts to solve the problem?

Yes No What? _____

Results: _____

What would be the worst thing that could happen if your problem / symptom has disappeared?

Do you have any questions left about hypnosis? Yes No If yes, which? _____

- I hereby confirm to have been duly informed about hypnosis and hypnotherapy and all information that I have given is correct.
- I allow the hypnotist/hypnotherapist _____ to perform this therapy accordingly. All client and therapy content is confidential.
- A hypnotist provides no diagnoses about diseases and makes no promises of cure or healing. Even in my case this has not happened.
- To visit a hypnotherapist does not replace the professional medical advice or treatment. The hypnotist/hypnotherapist _____ has also not advised in any form against seeking or continuing medical or other professional advice or treatment; and / or to take or reduce medication without the express permission of a physician.
- In general the hypnotist/hypnotherapist _____ works on strengthening my health and activating my self-healing capabilities.

Written contact allowed? (for quality control, follow-up) Yes No

Signature: _____ Date: _____

PS: **Hard contact lenses:** please remove before session, as they inhibit your ability to relax.
Restrooms: if necessary use the restroom before starting session.
Chewing gum/Phones: please remove chewing gum and turn off your phone.
Video/Audio Recording: No audio/video recording of hypnosis sessions allowed.