

CLIENT INFORMATION AND PARTICIPATION AGREEMENT

David Fisher provides the following services:

Clinical Hypnotherapy, Medical Support Adjunct, Anxiety, Anger Management, Accelerated Learning & Healing, ADD, ADHD, Allergies, Phobia & Traumas, PTSD, Goal Achievement, Habits & Addictions, Self-Esteem Issues, NLP, Relationship Issues, Life Coaching, Smoking Cessation, Weight Management, Sleep disorders, Test Anxiety, Grieving, Cancer, Self Hypnosis & Regression Therapy.

Office is located at: 1400 Carlisle Blvd NE, Suite A-1, Albuquerque, NM 87110

American Council of Hypnotist Examiners Certification Number: 709-287

International Board of Hypnotherapy Fellow Certification Number: F0310-062

This information will be used to aid in serving you as the client. Please answer honestly and know that answering yes or no to any particular question does not mean that you cannot receive services from the practitioner. Your honest answers serve in your receipt of appropriate care and service. All information will be kept confidential within the Health Insurance Portability and Accountability Act (HIPPA) regulations.

Client's Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

(Email address): _____

Is it okay for me to e-mail you at this address? _____

Phone number you prefer to be reached at: (_____)

Is it okay to leave a message for you at this number? _____

Age: _____ **Marital Status:** _____

Emergency Contact: _____ **Phone Number:** _____

1. What is the main issue you wish to resolve with hypnotherapy?
2. Medical conditions or challenges:

3. Are you currently under a physician's care for any of the above conditions? _____

If so, name and phone number of physician: _____

4. When was your last visit with a physician? _____

5. Was anything about this visit notable? If so, briefly explain:

6. Are you currently taking any medications(s)? _____

If so, what are the names of the medications, and how do they affect you?

7. Have you spoken to your physician about hypnotherapy as an adjunct to your treatment?

8. Have you ever been hypnotized? _____

If so, briefly explain your experience:

9. Have you ever had any mental health treatment, such as with a counselor, therapist, psychologist or psychotherapist? _____

If so, give a brief history of your mental health treatment and the results of your treatment:

10. Are you receiving any mental health treatment now? _____

If so, name and phone number of mental health professional:

Have you spoken to your mental health professional about hypnotherapy as an adjunct to your treatment? _____

11. Do you have thoughts of hurting yourself or taking your own life? _____

12. Do you take any prescribed psychotropic medications? _____

If so, what are the names of the medications, and how do they affect you?

13. Were you referred to me? _____

If so, by whom? _____

14. Briefly describe your spiritual/religious beliefs:

What term do you use to refer to God: _____

Other issues or areas I would like to resolve:

_____ Stress / Anxiety

_____ Forgiveness

_____ Guilty or angry Feelings

_____ Relationship Issues

_____ Fears, Phobias or Trauma Recovery

_____ Job Performance

_____ Low Self Esteem or Shyness

_____ Unwanted Habits

_____ Lack of Motivation

_____ Smoking Cessation

_____ Body Shape

_____ Sports Performance

_____ Spiritual Growth

_____ Self Confidence

_____ Test Taking / Accelerated Learning / Memory Improvement

_____ Accelerated Healing (already assessed by a physician)

Other:

Agreement:

Like the practice of medicine, Hypnotherapy, Self-hypnosis, Regression and NLP are not absolute sciences. I personally know of no case on record where an individual has been harmed by the use of these methods. I do know of thousands of cases where people of all walks of life have benefitted greatly from the use of these methods. As a general practice, it is necessary for everyone taking part in private sessions, classes, workshops and seminars with David Fisher to sign this disclaimer.

I am of legal age, and in consideration for my acceptance as a participant in the Private hypnotherapy or NLP session, Seminar, Workshop, Class or Training. I for myself, my heirs, my executors, administrators and assignees, do hereby release and discharge David Fisher and any of his employees, employer, or other participants in any of the activities, from all claims of damages arising from, or growing out of my participation. I further understand that recordings may be made at any of these events, and that David Fisher and his organization retain the copyright to all of these recordings.

Signature: _____

Date: _____

If under eighteen years of age:

Legal Guardian: _____

Date: _____