

Erica L. Eickhoff, LMP, NMT, CMS-CHt, FIBH

www.ObstacleBusters.com
www.UmaClinic.com
www.EricaEickhoff.com

4425 Fremont Ave N,
Seattle, WA 98103
(206) 293-4927

Client Information

Erica Eickhoff, LMP, NMT, CMS-CHt, FIBH provides the following services:

Transformation & Success Coaching using a variety of techniques which may include Clinical hypnotherapy, NLP, Self-hypnosis Training, and Healing From the Core, Craniosacral Therapy techniques, Self-Empowerment Classes/Workshops and more.

International Board of Hypnotherapy Certification #: F0714-322

Massage License #: MA 007811, NPI #: 1124240189

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 this 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 (HIPAA) regulations.

Name _____ Date of Birth _____

Address _____ Apt _____ City _____

State _____ Zip Code _____ Email _____

Initial that you agree to the use of email correspondence _____

Cell _____ Home _____ Work _____

Circle Number to call for Sessions: Cell - Home – Office

Emergency Contact _____ Contact's Phone _____

1. What is the main issue you wish to resolve with your Obstacle Buster Sessions?

2. Medical conditions or challenges: _____

3. Are you currently under a physician's care for any of the above conditions? Yes / No

If so, name of physician: _____

Permission to consult with provider? Initial if yes _____ Physician contact phone _____

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

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

6. Are you currently taking any medication(s)? Yes / No

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

7. Have you ever had any mental health treatment, such as with a counselor, therapist, psychologist or psychotherapist?
Yes / No

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? Yes / No

If so, name of mental health professional: _____

Permission to consult with provider? Initial if yes _____ Provider contact phone _____

11. Do you have thoughts of hurting yourself or taking your own life? Yes / No

12. Do you take any prescribed psychotropic medications? Yes / No

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

13. Were you referred to me? Yes / No. If so, by whom? _____

Participation Agreement:

Like the practice of medicine, Transformation Coaching, Healing From the Core, NLP, Hypnotherapy, and Self-Hypnosis, are not absolute sciences. I personally know of no case on record where an individual has been harmed by the use of these methods. As a general practice, it is necessary for everyone taking part in private sessions, classes, workshops and seminars with Erica Eickhoff, and/or Obstacle Busters/ Uma Clinic to sign this Release of Liability Agreement.

I am of legal age, and in consideration of my acceptance as a participant in this Private Session, Seminar, Workshop, I for myself, my heirs, my executors, administrators and assignees, do hereby release and discharge Erica Eickhoff and/or Obstacle Busters/ Uma Clinic and any of her employees, her employer, or other participants in any of the activities, from all claims of damages arising from, or growing out of my participation in said activities. I agree that any claim of damages or disputes arising from my participation in hypnotherapy sessions, hypnotherapy regression therapies, processing emotions methods, guided imagery, or events, should it arise, shall be settled by binding arbitration before an extra-judicial arbitration and mediation service selected by the parties. I further understand that recordings may be made at any of these events, and that Erica Eickhoff, Obstacle Busters/ Uma Clinic and retain the copyright to all of these recordings.

Signature _____ **Date** _____

If under eighteen years of age:

Legal Guardian: _____ **Date** _____

Confidentiality of Information

Clients have a right to expect that information revealed in sessions not be disclosed without extraordinary justification. The conditions that justify the release of information and by law must be reported to the appropriate agencies, are the following:

1. Knowledge of child abuse or neglect.
2. Knowledge of senior citizen abuse or neglect.
3. A client poses a serious risk of suicide and is an imminent danger to self.
4. A client poses a threat of imminent danger to another person.
5. A Judge, by issuance of a court order, may obtain information.
6. Report to law enforcement authority's knowledge of a felony that has been, or is being committed.

In other situations, signed authorization for release of information is required.

Please initial _____

In order to be more successful in reaching my goals, I agree to:

1. Be an active participant in my hypnotherapy experience and see myself as a partner in the transformative nature of this process.
2. Recognize that my thoughts, feelings, images and actions have a direct effect on the quality of my life.
3. Acknowledge that my well-being depends directly on how well I care for myself physically, emotionally, intellectually and spiritually.
4. Accept that blaming others or myself is totally futile.
5. Take responsibility for my experience of life, because I create my life to the best of my ability in the moment, with what I know right now.
6. a) I agree to be on time for my sessions and allow at least 24 hours of advance notice should I need to cancel or reschedule a session please call **(206) 293-4927**.
b) Failure to give proper notice will result in a cancellation/rescheduling fee of the full amount of the session.

Please initial _____

If you should have a complaint about the facilitation process that has not been satisfactorily resolved by Erica Eickhoff or her organization, please feel free to contact the International Board of Hypnotherapy at 2132 Osuna Rd NE, Ste. B, Albuquerque, NM.

It is your right to refuse any aspect of her services and to seek the service of another professional at any time. Erica Eickhoff's fee is \$130 for 50 minute sessions in length, and \$390 (Regression Therapy or deep exploration sessions of 2-3 Hours).

I understand that all services provided by Erica Eickhoff and/or Obstacle Busters/ Uma Clinic are for educational and self-improvement purposes only. I further understand that these services are not the practice of medicine or psychotherapy and are, therefore, not offered as a replacement for counseling, psychotherapy, psychiatric or medical treatment.

The education of hypnotherapy is classified under Human Services in the Health and Human Services Division of the Classification of Instructional Programs by the United States Department of Education. The services provided are also described in the Dictionary of Occupational Titles published by the U. S. Department of Labor, see code 079.157.010.

Client Signature _____ **Date** _____