

Personal Transformation Intake
HYPNOTHERAPY & TRANSFORMATION COACHING

Name: _____ DOB: _____ Date: _____
Address: _____ Apt: _____ City: _____ Zip: _____
Email: _____ Initial that you agree to the use of email correspondence: _____
Cell _____ Home _____ (Circle Number to call for Phone Sessions)
Emergency Contact _____ Contact's Phone _____
Referred by: _____ (How did you hear about us?)

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.

1. What is the main issue you wish to resolve with your sessions? _____

2. What is the secondary issue you wish to resolve with your sessions? _____

3. Medical conditions or challenges: _____
4. 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: _____

5. 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 _____
6. Do you have thoughts of hurting yourself or taking your own life? Yes / No. If yes, please explain: _____

7. Do you take any prescribed psychotropic medications? Yes / No
If so, what are the names of the medications, and how do they affect you _____

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 _____

Personal Transformation Intake & Agreement Client Name: _____ Client Initials: _____

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.

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.

I understand that all services provided by Erica Eickhoff and/or Obstacle Busters/ Uma Clinic/ Slender Body and Mind 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 Name: _____

If under 18, name of legal guardian: _____

Client/ Legal Guardian Signature _____ Date _____