



PERSONAL INFORMATION

Last Name		First Name		MI	Appointment Date
Street Address				Apartment #	
City		State	ZIP	Email	
Tel : Home		Tel : Mobile		Tel : Work	
Employer			Occupation		
DOB (mm/dd/yy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> SO <input type="checkbox"/> Widowed			# of Children
Emergency Contact			Emergency Contact - Telephone number		

SESSIONS INTAKE

How did you hear about Inner Genius Hypnosis?
 Article/Bog Post Business Card Internet Search Referral Yellow Pages Other

Do you have any previous experience with hypnosis? Please provide details (if applicable):

What issue(s) are you hoping to address through our work together? Please provide details:

How has this issue affected your life? Why, specifically, do you want to resolve it?

When did this issue first become a problem? What changed?

If this issue were to suddenly be resolved, how would you be different as a person?

How would you feel differently if our work together was a success?

Please briefly share anything else that would be helpful for me to know about you, (i.e., recent life-changing events such as deaths, divorce, relationships, job changes, health issues, past trauma, accidents, etc.):



MEDICAL HISTORY

Do you wear Contact Lenses?

Eyes may be closed for up to 45 minutes, if contacts cause irritation please bring lens holder & solution so you can remove before session begins.

Do you have impaired hearing?

Please let me know so that I can adjust position and tone for optimal volume. Please wear hearing aid if necessary as you will not be able to lip read during hypnosis.

Are you under the care of a physician for any ongoing condition or illness? Please provide details (if applicable):

Please list any significant current or past health issues or hospitalizations:

Are you in any physical pain, either intermittent or constant? Please provide details (if applicable):

Are you under the care of a mental health professional (psychiatrist, therapist, etc)? Please provide details (if applicable):

Have you ever been treated for an emotional/behavioral problem? If yes, please explain:

Have you ever been diagnosed with a mental illness? Please provide details (if applicable):

Have you been diagnosed with any of the following?

- ADD/ADHD Alzheimer's disease or dementia Bipolar or manic depressive Brain Injury OCD (Obsessive-compulsive)
 PTSD Parkinson's disease Seizure Disorder Severe Clinical Depression Schizophrenia

Please list all current medications:

Please provide the name(s) and contact information of your doctor(s) and/or therapist(s)

By signing below, I confirm that I understand and have answered all personal, session intake and medical history questions truthfully and to the best of my knowledge. I further give Alex Guldbeck, C.Ht. permission to contact my doctor(s) and/or therapist(s).

Signature _____ Printed Name _____ Date _____



CLIENT BILL OF RIGHTS & CONSENT FORM

CONTACT INFORMATION: My name is Alexander H Guldbeck, CH (Certified Consulting Hypnotist). I can be contacted at (415) 488-7835, innergeniuscoaching@gmail.com, or through my website, www.innergeni.us. Sessions are by appointment only.

EDUCATION & TRAINING: I was trained in hypnosis and NLP at Lightwork Seminars, Inc and became a Certified Consulting Hypnotist in February 2011. I am a Certified Member of the National Guild of Hypnotists (NGH), which requires annual continuing education to maintain my training at a high level. The National Guild of Hypnotists is the oldest and largest hypnosis organization in the world and its certification is the most widely recognized credential for the professional practice of the hypnotic arts. I also have extensive additional training and certifications. Please refer to my website or ask me in person for additional details.

REQUIRED NOTICE: AS THE STATE OF FLORIDA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. Hypnotism is a self-regulating profession and its practitioners are not licensed by state governments. I am not a physician or a licensed health care provider and may not provide a medical diagnosis nor recommend discontinuance of medically prescribed treatments. A client has the right to refuse or terminate hypnosis services at any time. A client has a right to be free of physical, verbal, or sexual abuse. A client has a right to know the expected scope and duration of sessions, and may assert any right without retaliation.

REDRESS: I am a certified member of the National Guild of Hypnotists, and practice in accordance with its Code of Ethics and Standards. If you have a complaint about my services or behavior that I cannot resolve, you may contact the National Guild of Hypnotists at P. O. Box 308, Merrimack, NH 03054-0308, (603) 429-9438, to seek redress.

FEES & PAYMENT: The charge for general hypnotherapy is \$125 per 50 minute session. Payment is due in full at the time of service by cash, check or paypal. A \$35 fee will be assessed on all returned checks. **Fees are subject to periodic review and change.**

CANCELLATION POLICY: My time is my income and my hours are by appointment. Your time slot is reserved exclusively for you. Please arrive promptly to obtain your full session. A **24-hour cancellation notice is required**, except in an emergency or inclement weather. If you must cancel or reschedule due to an emergency, please notify me as soon as possible. Thank you for your consideration.

CONFIDENTIALITY: I will not release any information to anyone without a written authorization from you, except as provided for by law. You have a right to be allowed access to my written record or a summary of my record about you.

INSURANCE: I do not file insurance or any other third party claims. Insurance companies usually consider hypnosis as an alternative therapy and therefore do not cover it. Some Flex Spending accounts or Employer Wellness Programs may reimburse employees. Upon request, a statement will be provided for you to submit for possible reimbursement. Please check with your company.

MY APPROACH: Hypnosis is safe and non-invasive. The services I render are held out to the public as a form of motivational coaching and education. I do not represent any of my services as any form of health care, psychotherapy or counseling. Hypnosis is not meant to be a substitute for psychological or professional counseling. If you have an ongoing mental health problem, please consult a professional licensed in the State of Florida. I use hypnosis to motivate clients to eliminate negative or unwanted habits, facilitate the learning process, improve memory and concentration, develop self-confidence, eliminate stage fright, improve athletic ability, reduce/manage stress, focus on positive thoughts and desired outcomes, and for other social, educational and cultural endeavors. I do not practice medical hypnosis and make no health benefit claims for my services. In some cases it may be necessary to respectfully touch the client's shoulders, hands, wrists, legs, or forehead in order to assist in relaxation.

GUARANTEE AND REFUND POLICY: **No guarantees as to the effectiveness of hypnosis for your particular problem are made or implied, as it is impossible to guarantee human behavior or compliance. Therefore, no refunds for services are given. Hypnosis is not a quick fix or magic pill. A hypnotist is considered a guide or facilitator. You assume equal responsibility by making a commitment and allowing yourself to be guided into a state of hypnosis.**

BY SIGNING THIS DOCUMENT I CONFIRM THAT I HAVE READ THIS CLIENT BILL OF RIGHTS AND I FULLY UNDERSTAND AND AGREE TO THE TERMS & CONDITIONS OUTLINED THEREIN. I acknowledge receipt of a copy of this statement for future reference.

Signature _____ Printed Name _____ Date _____