

Client Information

			Single	Married	Separated	Divorced	Widowed
First Name	Middle Initial	Last Name					
Address Number	Street	Apt. #	Age	Birth Date			
City	State	Zip Code	Occupation				
Home Phone Number	Work Phone Number	Cell Phone Number					
Email Address	Reference Source						

Purpose for Visit: _____

Have you ever been diagnosed to have a Physical, Mental or Emotional Disorder, Disease or Illness? YES NO

If YES, please Describe: _____

Have you ever had a Seizure or been diagnosed to have Epilepsy? YES NO

If YES, please Describe: _____

Are you taking any Anti-Depressant or Anti-Anxiety Medication? _____

If YES to any of the above questions, name of Primary Physician: _____

Do you have any past experience with Hypnosis? YES NO

If YES, please explain for what Reason / Rate of Success: _____

List any major fears or phobias (water, heights, animals, other): _____

Credit Card Information

Card Type: MasterCard Visa American Express Discover Card Debit Card

Name on Card: _____

Card Number: _____

Expiration Date: ____ / ____ Security Code (3 digit numbers on back): _____

Address on Credit Card (if different from above): _____

Client Bill Of Rights

I, Helga Rahn, am a trained and certified hypnotist by The Omni Hypnosis Training Center with director Gerald F. Kein, Banyan Hypnosis Center for Training & Services with director Calvin D. Banyan and Advanced Hypnotherapy Techniques by The American Institute of Hypnosis. I am an active member and in good standings with The National Guild of Hypnotists and The National Federation of Hypnotists, and am a Board Certified Member of the National Board of Hypnosis Education and Certification. I complete annual continuing education to maintain my proficiencies at the highest level and in accordance to the rules and regulations of The National Guild of Hypnotists, The National Federation of Hypnotists and the National Board of Hypnosis Education and Certification. I have an established private practice in hypnosis, and my business Inner Harmony Hypnosis is registered in the State of New York and is located in Rochester, New York.

Hypnotism is a self-regulating profession of certified practitioners. Hypnotism is not at this time licensed by state governments, and is a self-regulating profession of certified practitioners. I am neither a physician nor a licensed health care provider, and I do not provide medical diagnosis or medical treatment for illness, disease or mental disorders of any kind. In the event of a medical emergency, I reserve the right to call 911 for medical attention. Hypnotism does not replace conventional medical procedures, but works as a complement and is in conjunction with the medical health care system. A client has the right to decline hypnotism services and transfer services to another practitioner of his or her choice.

ALL INFORMATION IS STRICTLY CONFIDENTIAL. I will not release any information to any person without a written authorization from you, except as provided by law. You have the right to be allowed access to all my written session records pertaining to you.

Health Insurance does not cover hypnotism at this time. Hypnotism is a service I provide you personally as a certified hypnotist. Your privacy is protected at all times.

I agree to be guided by Helga Rahn through the process of hypnosis, for the purpose that is described. I fully understand that hypnosis is a mental conditioning process that will allow me to use the natural faculties of my mind to create desired and positive change and health in my life. I understand that Helga Rahn reserves the right to refer out any client to another practitioner of his or her choice, for whom she feels her services are inappropriate. I understand hypnosis is an approach complementary to, and not a substitute for medical care by a physician. I therefore release Helga Rahn from all medical liability. I agree to pay Helga Rahn her service fee after each session. I understand that no refunds are offered.

My signature verifies that I have answered the questions truthfully; I have read the Client Bill of Rights and I understand what I have read.

Signature: _____ Date: _____

Parent or Guardian: _____ Date: _____

Clients under age of 18 need consent from a parent or guardian