



**CONFIDENTIAL – HYPNOSIS REGISTRATION FORM**

**HYPNOTHERAPY – Michele Guy, C.Ht.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you ever been hypnotized before? \_\_\_\_\_, if yes, please explain: \_\_\_\_\_

What do you want to accomplish through the use of Hypnosis? \_\_\_\_\_

List any previous efforts to accomplish this? \_\_\_\_\_

How did you hear about my services? \_\_\_\_\_

If this is a referral, who referred you? \_\_\_\_\_

**Please read each point below. Signing this contract confirms that you understand each of the UniQuely Northern Hypnotherapy statements.** You will be expected to meet your contractual obligations as outlined herein. Following these guidelines will lead to greater therapeutic benefits. Your co-operation is required for best results.

1. The effects of Hypnotherapy vary from person to person. The effects of Hypnosis can vary for a number of reasons. Reasons include, but are not limited to, expectation, belief, nervousness and levels of suggestibility.
2. For Hypnosis to be effective, two components must be present...Belief + Expectation. The more you actively participate in the experience, the more likely you will be to receive maximum benefits and results from your Hypnotherapy Sessions.
3. Some people may see dramatic results very quickly, while others may see gradual results over time.
4. Hypnosis will not be effective if you are under the influence of mind-altering drugs or alcohol.
5. Hypnotherapy Sessions are 55 minutes each. Please arrive 5 minutes early for your Hypnotherapy Session.
6. Hypnotherapy Session payments are non-refundable. Payment in full is required when you book your Hypnotherapy Session. A 24 hour notification is required for all cancellations. A \$85.00 fee will be charged if adequate notice is not given.

I, \_\_\_\_\_, am willing to be guided through relaxation, visual imagery, creative visualization, hypnosis, stress reduction processes and techniques for the purpose of vocational and /or non-vocational self-improvement. I understand that the Hypnotherapy I am receiving is not a substitute for medical or psychological care. I have been advised to discuss this Hypnotherapy with any Doctor who is taking care of me for my condition at this time. Additionally, I should and will continue treatment of any illnesses.

I have read and understand the terms and conditions above and wish to participate in Hypnotherapy Sessions with UniQuely Northern – Hypnotherapy.

Client's Signature: \_\_\_\_\_



# INTERNATIONAL HYPNOSIS FEDERATION

Founder: Shelley Stockwell-Nicholas, PhD

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## ALTERNATIVE HEALTHCARE DISCLOSURE

\_\_\_\_\_ (provider's name) is a legal  
**Alternative/Complementary Healthcare/Wellness Provider; not a licensed physician. Their self regulated holistic treatments & specialties do not require state licensing & their client-centered disciplines, philosophy, education, experience & certification allow them to assess, advise & assist me to:**

- \* **MASTER PERSONAL GOALS** that enhance my self-determination for a healthy, happy life.
- \* **TRANSFORM PHYSICAL, EMOTIONAL, MENTAL, SOCIAL & SPIRITUAL LIMITS** to renew & free me from things like addiction, allergy, boredom, co-dependency, confusion, conflict, depression, disability, fear, high blood pressure, illness, incongruity, injury, insomnia, hurtful habits, lack of control, life passages, life-traps, limiting beliefs, low self-esteem, negativity, pain, poor concentration, poor diet, physical issues, problems, self-sabotage, speech impediments, stress, stagnation, toxicity, trauma, upset or worry.
- \* **ENHANCE WELL-BEING** at work, home, school, play, sports & during traditional medical/dental procedures by stimulating my natural ability to communicate, create, enjoy, grow, heal, love, learn, play, relax, intuit and be aware, abundant, balanced, confident, clear-minded, comfortable, coordinated, entertained, energized, flexible, harmonious, happy, motivated, rejuvenated, successful, well & wise.
- \* **RECEIVE PROFESSIONAL SUPPORT** and practical ideas, information, techniques & methods gleaned from my provider's specific apprenticeship, research, schooling, self-discovery, courses, certification & experience. The International Hypnosis Federation & its specialty associations provide complementary & licensed holistic helpers with on-going continuing education, courses & certification.

### MY PROVIDER'S SERVICES & EDUCATIONAL QUALIFICATIONS ARE LISTED BELOW:

- HYPNOSIS/HYPNOTHERAPY/BIOFEEDBACK/VERBAL 1<sup>ST</sup> AID** Provider has \_\_\_\_\_ hours of training & experience  
Verbal & non-verbal motivation, healing, behavior modification &/or entertainment recognized by the AMA & defined as "the bypass of the critical factor of the conscious mind followed by the ability to accept suggestions."
- NEUROLINGUISTIC PROGRAMMING/ NLP** Provider has \_\_\_\_\_ hours of training & experience  
Verbal & non-verbal behavior modification using matching, modeling, suggestion, sensory action/reaction & personality
- THERAPY, COUNSELING, COACHING** Provider has \_\_\_\_\_ hours of training & experience  
Conversational behavior modification, advice & methods co-create a personal help, healing, joy, goals, wellness plan
- NUTRITION, NATUROPATHY, HERBOLGY** Provider has \_\_\_\_\_ hours of training & experience  
Ancient & modern grass roots wisdom that uses naturally occurring plant, mineral & animal substances to cure disease symptoms and stimulate a natural immune/defense response for vitality & nourishment
- BODY MOVEMENT, ENERGY WORK, TOUCH, SKIN** Provider has \_\_\_\_\_ hours of training & experience  
Hands-on or non-touch services apply fixed or moveable systems to stimulate energy, flexibility, health, relaxation & joy
- SPIRITUAL/PASTORAL COUNSELING** Provider has \_\_\_\_\_ hours of training & experience  
Ancient & modern philosophies and counseling methods of conversation, altered states, archetypes, energy & divination for mind, body, social & spirit fitness
- \_\_\_\_\_ (specialty) Provider has \_\_\_\_\_ hours of training & experience
- CONTINUING EDUCATION** Provider attends \_\_\_\_\_ hours of Continuing Education

### I have read & understand this Alternative Healthcare Disclosure

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

White copy is to be retained by Complementary/Alternative Wellness Provider for 3 years

Canary copy is for the client



**POSSIBLE PRESENTING ISSUES**

**Michele Guy, P.E., P.Eng., C.Ht.**

**All can be helped with our sessions.**

**Please circle those issues below which you feel are present issues in your life.**

Nicotine Addiction

Asthma

Anxiety

Athletic Ability

Attitudes

Bed Wetting

Compulsive Behavior

Concentration

Creativity

Physical Coordination

Depression

Divorce Adjustment

Eating Disorders

Fear of Medical People

Fears and Phobias

Addiction

Grief and Loss

Headaches

Illness

Insecurity and Lack of Confidence

Learning Problems

Low Self-Esteem

Memory Problems

Nervousness and Nervous Habits

Nightmares and Sleep Walking

Pain

Performance Anxiety

School Problems

Shyness

Sleep Disorders

Speech Difficulties

Alcohol Dependency

Stress

Suicidal Thoughts

Thumb-Sucking

Uncontrollable Anger

Sadness

Weight Challenges

Other \_\_\_\_\_

\_\_\_\_\_