

Confidential

Client Information

Name: _____ Date: _____
Address: _____
Date of Birth: _____ Sex: _____ Marital Status: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
Email Address: _____ Preferred Method of Contact: _____
Employer: _____ Occupation: _____
What is your primary reason or goal for today's visit? _____

Below is a list of common concerns that lead people to seek professional assistance. Please check all that apply to you.

- | | | |
|---|--|---|
| <input type="checkbox"/> Anxiety/Stress | <input type="checkbox"/> General Fears | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Fear of Public Speaking | <input type="checkbox"/> Sports Performance |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Lack of Motivation | <input type="checkbox"/> Alcohol/Drug Use |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Low Self Esteem | <input type="checkbox"/> Test Anxiety |
| <input type="checkbox"/> Weight Issues | <input type="checkbox"/> Phobic Reactions | <input type="checkbox"/> Unwanted Habits |
| <input type="checkbox"/> Surgical Anxiety | <input type="checkbox"/> Relationship Issues | <input type="checkbox"/> Goal Setting |

Relevant Medical Condition/s: _____

Are you currently under a physician's care for these conditions? Yes No

Date of your last visit with your physician: _____

Physician Name: _____ Physician Phone: (____) _____

May we contact your physician and update them on your progress? (circle) YES NO

Are you in good general health? Yes No-describe _____

Are you presently in any discomfort? Yes-describe _____ No

Note: If the reason for today's visit has to do with a medical issue, it will be necessary to obtain your physician's approval to use hypnotherapy as an adjunct to medical treatment.

Are you currently under the care of a mental health professional? Yes No

Name: _____ Phone: (____) _____

Did they refer you or are they open to hypnosis? _____

Have you ever been hypnotized before? Yes No

If so, when? _____ Do you feel that it was a successful hypnosis session?

Do you feel you are easily hypnotized? Yes _____ No _____

Do you feel you have an analytical mind? _____ Non-analytical mind? _____ (Please check)

Do you meditate? Yes No

Briefly describe your spiritual or religious beliefs or life philosophy _____

How did you learn of our practice? _____

Wearing contact lens? _____ During hypnosis your eyes will be closed for about 45 minutes. If your contacts will cause eye irritation, you may want to bring your lens holder and solution so you can remove them just before hypnosis.

Client Consent Form

Fees: Our service fees are \$150.00 for the initial session, then \$100.00 for regular sessions. Regular sessions will last approximately one hour. Payment is due in full at the time of the session. Prepaid regular sessions may be purchased in quantities of 3 for a discount (3 sessions for \$275.00). Prepayment must be made at the time of the first session to receive the discount. MasterCard, Discover, cash or check are all acceptable forms of payment. Any payments returned for insufficient funds will have a fee of \$45 included with the original balance and must be paid in full before future sessions. In this case, checks will no longer be accepted.

Cancellation Policy: Your appointment time is reserved exclusively for you. Please arrive promptly to obtain your full session. If you must cancel or reschedule, we require a 48-hour notice. Unless cancelled prior to 48 hours, you are financially responsible for 100% of the scheduled fee. If you must cancel or reschedule due to an emergency, please notify us as soon as possible. Any exceptions will be made on an individual, case by case basis.

Confidentiality: All hypnosis sessions are confidential. We will not release any information to anyone without written authorization from you, except as provided by law.

Notice: Hypnosis is a natural and safe, self-help process. Hypnotherapy is not the practice of medicine or psychotherapy. The hypnotherapy services provided are for educational and self improvement purposes and are not intended for the diagnosis or treatment of any medical or psychological condition. If you have an ongoing medical illness, mental disability or mental illness, please consult a medical doctor, psychiatrist or psychologist licensed by the State of Arizona. We do not represent our services as any form of health care and despite research to the contrary, by law we may make no health benefit claims for our services.

Client Consent and Release: I am of legal age and in consideration of my acceptance as a participant in hypnosis and hypnotherapy sessions, training, seminar or any other Tranquil Transitions Mind & Body Wellness production, I for myself, my heirs, executors, administrators and assignees, do hereby release and discharge Tranquil Transitions Mind & Body Wellness and Christina Hernandez and any of their employees or other participants from all claims of damages, copyright, demands or actions whatsoever in any manner arising from my participation. Further, I understand that audio recordings are made during some sessions, and that Tranquil Transitions Mind & Body Wellness retains the copyright of these recordings.

I declare that I have read this consent and release and that I fully understand and agree to the terms described. I acknowledge receipt of a copy of this statement.

Client Signature (If under 18, must be signed by legal guardian)

Date Signed

Participation Agreement

I acknowledge that in order to be successful in reaching my goals I must accept that the following tenets are important to the process:

- I understand that my health and well-being depend on how well I care for myself physically, emotionally, mentally and spiritually.
- I accept that my thoughts, feelings and desires directly determine the course of my life and my relationships.
- I acknowledge that I am responsible for my experience of life as I make the choices and take the actions which shape my life.
- I agree to be an active participant in my hypnotherapy process and see myself as an equal partner in the success of the process. I can demonstrate this by being on time for my sessions and being fully present.

Client: _____

Date: _____

My Commitment to You

I agree to use my abilities and expertise to facilitate such changes as are mutually agreed to be in your best interest. I will offer you my undivided attention during our scheduled sessions. I am professionally committed to assisting you in using your inner resources to achieve your goals in the shortest possible time.

Christina Hernandez _____

Date: _____

Visual, Auditory, and Kinesthetic Quiz

Read each statement carefully. To the left of each statement, write the number that best describes how each statement applies to you by using the following guide:

1	2	3	4	5
Almost Never Applies	Once in a While	Sometimes Applies	Often Applies	Almost Always Applies

Answer honestly as there are no correct or incorrect answers. It is best if you do not think about each question too long, as this could lead you to the wrong conclusion.

Once you have completed all 36 statements (12 statements in three sections), total your score in the spaces provided.

Section One – Visual

_____ 1. I take lots of notes and I like to doodle.

_____ 2. When talking to someone else I have the hardest time handling those who do not maintain good eye contact with me.

_____ 3. I make lists and notes because I remember things better if I see them in writing.

_____ 4. When reading a novel I pay a lot of attention to passages picturing the clothing, description, scenery, setting, etc.

_____ 5. I need to write down directions so that I may remember them.

_____ 6. I need to see the person I am talking to in order to keep my attention focused on the subject.

_____ 7. When meeting a person for the first time I notice the style of dress, visual characteristics, and neatness first.

_____ 8. When I am at a party, one of the things I love to do is stand back and "people-watch."

_____ 9. When recalling information I can see it in my mind and remember where I saw it.

_____ 10. If I had to explain a new procedure or technique, I would prefer to write it out.

_____ 11. With free time I am most likely to watch television or read.

_____ 12. If someone has a message for me, I am most comfortable when they send an email.

Add up your total for Visual _____ (note: the minimum is 12 and maximum is 60)

Section Two – Auditory

- _____ 1. When I read, I read out loud or move my lips to hear the words in my head.
- _____ 2. When talking to someone else I have the hardest time handling those who do not talk back with me.
- _____ 3. I do not take a lot of notes but I still remember what was said. Taking notes distracts me from the speaker.
- _____ 4. When reading a novel I pay a lot of attention to passages involving conversations, talking, speaking, dialogues, etc.
- _____ 5. I like to talk to myself when solving a problem or writing.
- _____ 6. I can understand what a speaker says, even if I am not focused on the speaker.
- _____ 7. I remember things easier by repeating them again and again.
- _____ 8. When I am at a party, one of the things I love to do is talk in-depth about a subject that is important to me with a good conversationalist.
- _____ 9. I would rather receive information from the radio, rather than a newspaper.
- _____ 10. If I had to explain a new procedure or technique, I would prefer telling about it.
- _____ 11. With free time I am most likely to listen to music.
- _____ 12. If someone has a message for me, I am most comfortable when they call.

Add up your total for Auditory _____ (note: the minimum is 12 and maximum is 60)

Section Three – Kinesthetic

_____ 1. I am not good at reading or listening to directions. I would rather just start working on the task or project at hand.

_____ 2. When talking to someone else I have the hardest time handling those who do not show any kind of emotional support.

_____ 3. I take notes and doodle but I rarely go back a look at them.

_____ 4. When reading a novel I pay a lot of attention to passages revealing feelings, moods, action, drama, etc.

_____ 5. When I am reading, I move my lips.

_____ 6. I use my hands a lot when I can't remember the right thing to say.

_____ 7. My desk appears disorganized.

_____ 8. When I am at a party, one of the things I love to do is enjoy the activities such as dancing, games, and totally losing myself in the action.

_____ 9. I like to move around. I feel trapped when seated at a meeting or a desk.

_____ 10. If I had to explain a new procedure or technique, I would prefer actually demonstrating it.

_____ 11. With free time I am most likely to exercise.

_____ 12. If someone has a message for me, I am most comfortable when they talk to me in person.

Add up your total for Kinesthetic _____ (note: the minimum is 12 and maximum is 60)

SCORING PROCEDURES

Total each section and place the sum in the blocks below:

Visual	Auditory	Kinesthetic
Total Points _____	Total Points _____	Total Points _____

The area in which you have the highest score represents your predominant learning style.

Note: You learn in **ALL** three styles, but you normally learn best using one style.