

KM WELLNESS CLIENT INFORMATION FORM/ Hypnotherapy

Last Name: _____

First Name and Initial:

Address: _____

E-mail:

Day Phone: _____

Evening Phone:

Employer/ Source of Income:

Occupation/ Current Work:

Education:

Other Training:

Special Aptitudes:

Age: DOB:

Marital Status:

General Health:

Date of Last Physical Exam:

Physician Name and Location:

Any notable findings?

Please note any prescription medications here:

What specific area of your life is particularly causing you concern and what brings you in today?

Here is a list of life-areas and common difficulties which often lead people to seek professional help. Please check those you feel may also apply to you. You may add any items that re not listed here.

Alcohol Usage

Guilt Feelings

Self-Motivation

Artist's Block

Insomnia

Sexuality

Athletic Performance

Lying/ Cheating

Shyness

Body Image

Money Worries

Stress/ Tension

Communication

Motion Sickness

Surgical Anxiety

Depression

Phobias/ Fears

Weight Control

Drug Usage

Residual Pain

Work Problems

Eating Problems

Relationships

Other:

Emotional Upset

Relaxation

Everyday Fears

School Problems

How did you hear about KM Wellness?

Have you ever been in counseling or psychotherapy? If so, how long and with what results?

What would you say is your main concern at this time?

What would you be willing to let go of or give up to handle this particular concern?

What would you *not* be willing to let go of or give up to handle this particular concern or situation?

Have you ever been in hypnosis? If so, under what conditions?

Have you ever seen anyone hypnotized? If so, how did you feel about that and how did others around you respond?

Describe (2) of your favorite scenes or places which symbolize to you good feelings such as peace, contentment or relaxation. Focus on sights, sounds, smells, temperature, movement, tastes, feelings on your skin (wind, clothing, etc.) and any other sensations or emotions each scene invokes in you.

CLIENT AGREEMENT AND COMMITMENT

In requesting professional consultation and assistance, I understand that to be successful I must be entirely willing to:

- Recognize that my health and well-being depend directly on how well I care for myself emotionally, physically, intellectually, and spiritually;
- Acknowledge that my feelings, thoughts, images, and desires- conscious and subconscious- ultimately determine the course of every action and relationship in my life;
- Realize that blaming anything or anyone, including myself, is totally useless and that the only person that can take charge of my life is me;
- Accept responsibility for myself, my choices and actions, and for life's outcomes as from day to day I, knowingly or unknowingly, create them;
- Agree to be on time for my appointments, meet my financial obligations promptly (including any sessions missed without 24 hour notice), and participate wholeheartedly in the work I am undertaking.

I know my heartfelt commitment is an important first step in my work here, and my signature below underscores that commitment. If, in all good conscience however, I cannot align myself fully with each statement above, I have initialed each acceptable item rather than signing at this time and agree to discuss in detail any reservations I may have.

Client/ Co-Therapist

Date

CONSULTANT AGREEMENT AND COMMITMENT

In order to support you in deriving the maximum benefit from our scheduled time together, I agree to:

- Use the best of my abilities and expertise to facilitate such changes as are mutually agreed to be in your best interest and in no way harmful to you;
- Work diligently to ensure as best I can that all suggestions given are positive in direction, beneficial in nature, and presented within a context of health and well-being;
- Offer you my undivided attention and professional assistance during our scheduled consultations;
- Refrain from using you or your trust to satisfy any personal needs I may have outside the working and professional relationship established here;
- Inform you immediately if, in my judgement, you would be better served by another professional or an alternate means of reaching your objectives.

I am professionally committed to assisting you- in the shortest possible time and at the lowest possible cost- in mobilizing your resources to achieve maximum results.

Consultant/ Hypnotherapist

Date