

Client Participation Form

Name_____

Address_____

City_____ State_____ Zip_____

Home Phone_____ Work Phone_____

Cell Phone_____

Email_____ Age_____

How Did You Hear About Second Sight Hypnotherapy?

What is the reason for your visit? _____

Have you been in therapy before?

Have you ever been hypnotized before? _____

Are you currently taking medications? _____

If yes, please indicate name(s) and for what reason(s)?

As I enter into this relationship, I agree to the following:

1. I am participating by my own choice because I want to be here.
2. I understand that I am not a patient, but a co-operator in my hypnosis experience.
3. I acknowledge the futility of blame for both me and for others.
4. I understand that my progress here involves how I care for myself physically, mentally, emotionally, and spiritually.
5. I understand that transformation is a process, and it can take time.

By signing this form I acknowledge that I will give 48 hours' notice in case I need to cancel or reschedule my appointments and that if I do not, I will pay the full price of the session I have scheduled.

Signed: _____ Date: _____

As your hypnotherapist, I commit to you to utilize all my skills to help you reach your goals in the shortest period of time possible. You have the assurance of my full integrity, professionalism, confidentiality and respect.