



CONFIDENTIAL CLIENT INTAKE FORM – Please answer all questions. Type or print clearly. Thank you.

Last Name: _____ First: _____ Initial: _____ Appointment Date: _____

Address: _____ Apt. # _____

City: _____ State: _____ ZIP: _____ Email: _____

Phone Nos.: Home (_____) _____ Cell (_____) _____ Work (_____) _____

Employer: _____ Occupation: _____

Date of Birth: _____ Age: ____; M, F; Marital Status: S, M, SO, D, W; Children? _____

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.

Hearing problem? _____ I can position you for optimal hearing or speak louder if needed. If you normally wear a hearing aid, please use it as you will have your eyes closed and will not be able to lip-read during a session.

MARKETING INFORMATION: Thank you for helping me promote my services. How did you hear about me?

Google; Yelp; Office Sign; Advertisement; Business Card; Client or Physician Referral—

Their name: _____. May I send them a thank you note? _____

Address if known: _____

How did you look up my phone number? Website; Internet Directory; Business Card; White Pages; Sign.

► **PRIMARY GOALS:** Smoking/Tobacco Cessation; Self-Control with Alcohol; Anger; Other _____;

Stress Management; Sleep Improvement; Motivation/Procrastination; Confidence; Relationships;

Weight Management; Attitude/Outlook; Fear/Apprehension: _____; Study Skills;

Self-Esteem/Self-Image; Facilitate Wellness; Change Habit(s): _____;

Medical/Mental Health Issue (Referral required): _____;

BRIEF MEDICAL HISTORY:

Are you under the care of a physician for any ongoing condition or illness? Yes / No Dr. _____

For: _____

Have you had a check-up or physical within the past year? _____ Please list any significant current or past health issues or hospitalizations: _____

Are you in any physical pain, either intermittent or constant? _____

Have you been diagnosed with any of the following? OCD (Obsessive-compulsive disorder); Severe Clinical Depression;

Schizophrenia; Bipolar or manic-depressive; Seizure disorder; Post-traumatic-stress syndrome; Parkinson's disease;

Alzheimer disease or dementia; Brain injury; Diabetes. Details: _____

Are you under the care of a mental health professional? _____ Name: _____ For: _____

Any previous experience with hypnosis? _____ When: _____ Reason: _____ Group or Individual? _____

How did it go for you? _____

Any objection if I make a general reference to a higher power, creative force, or universal force in your session? _____;

Please briefly share anything else that would be helpful to know about you, (i.e., recent life-changing events such as deaths, divorce, relationships, job changes, health issues, past trauma, accidents, etc.): _____



CLIENT BILL OF RIGHTS & CONSENT FORM



CONTACT INFORMATION: My name is Erick J Lundin, CH (Certified Hypnotist). I can be contacted through my office, College Park Hypnosis Center, LLC, 9601 Baltimore Ave, Suite 202, College Park, MD 20740, (202) 215-5208, email collegeparkhypnosiscenter@gmail.com, or through my website, www.collegeparkhypnosiscenter.com. Office hours are by appointment.

EDUCATION & TRAINING: I was trained in hypnotism by Omni Hypnosis Training Center and became a Certified Hypnotist in January 2011. I am a Certified Member of the National Guild of Hypnotists (NGH), which requires annual continuing education to maintain my training at a high level. The National Guild of Hypnotists is the oldest and largest hypnotism organization in the world and its certification is the most widely recognized credential for the professional practice of the hypnotic arts. I also have extensive additional training and certifications. Please refer to my website or ask me in person for additional details.

REQUIRED NOTICE: AS THE STATE OF Maryland HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY.

Hypnotism is a self-regulating profession and its practitioners are not licensed by state governments. I am not a physician. I cannot provide a medical diagnosis nor recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis or any other type of treatment from a different practitioner, the client may seek such services at any time. In the event my services are terminated by a client, the client has a right to coordinated transfer of services to another practitioner. A client has the right to refuse hypnotism services at any time. A client has a right to be free of physical, verbal, or sexual abuse. A client has a right to know the expected duration of sessions, and may assert any right without retaliation.

REDRESS: I am a certified member of the National Guild of Hypnotists, and practice in accordance with its Code of Ethics and Standards. If you have a complaint about my services or behavior that I cannot resolve for you personally, you may contact the National Guild of Hypnotists at P. O. Box 308, Merrimack, NH 03054-0308, (603) 429-9438, to seek redress. Other services than my own may be available to you in the community. You may locate such providers in the telephone book.

FEES & PAYMENT: Payment is due in full at the time of service by cash, check, MasterCard, Visa, or Discover Card. A \$35 fee will be assessed on all returned checks. **The fees for your particular issue or goal will be discussed with you prior to your first visit. You will be given a fee schedule and estimated number of visits at your first session. Fees are subject to periodic review and change. Your fee schedule will remain the same for at least 12 months.**

CANCELLATION POLICY: My time is my income and my hours are by appointment. Your time slot is reserved exclusively for you. Please arrive promptly to obtain your full session. **A 24-hour cancellation notice is required**, except in an emergency or inclement weather. If you must cancel or reschedule due to an emergency, please notify me as soon as possible. Otherwise a \$50 fee is charged. Thank you for your consideration.

PREPAID SESSIONS: The above Cancellation Policy also applies to any programs with prepaid sessions. Except for emergencies or bad weather, 24-hours notice is required. Failure to keep your appointment or non-emergent short-notice cancellations may result in the forfeiture of a prepaid session. No refunds will be given for unused prepaid sessions. **All prepaid sessions are non-transferrable and will expire after twelve months.**

CONFIDENTIALITY: All sessions at College Park Hypnosis Center, LLC are videotaped and become part of your confidential record. I will not release any information to anyone without a written authorization from you, except as provided for by law. You have a right to be allowed access to my written record about you.

MINORS: Appointments for children under age 18 require written consent from the parent or guardian, who must accompany them at each visit.

FEES: The basic charge for my services is \$175/hr. You will be given seven days' notice of any change in fees. Fees are payable as cash, check or credit card. Credit and debit cards are subject to an additional 3% processing fee. Cancellations must be 24 hours in advance otherwise a \$50 late fee will be charged.

INSURANCE: I do not file insurance or any other third party claims. Insurance companies usually consider hypnosis as an alternative therapy and therefore do not cover it. Some Flex Spending accounts or Employer Wellness Programs may reimburse employees. Upon request, a statement will be provided for you to submit for possible reimbursement. Please check with your company.

MEDICAL HYPNOSIS: Hypnosis is effective in relieving some medical conditions (i.e., pain management, migraines, IBS, psychosis, schizophrenia, bipolar, etc.) but will require a signed release from your doctor or appropriate health care professional to avoid masking symptoms before proper diagnosis and/or medical treatment has been obtained. Please see **Hypnosis for Medical Conditions** for more information and a convenient release form. Of course, non-medical issues (i.e., smoking, weight loss, confidence, etc.) will not need a form.

MY APPROACH: I believe that individuals have the right to choose or practice alternative or complementary self-improvement services. Hypnosis is safe and non-invasive. The services I render are held out to the public as a form of motivational coaching and education, combined with instruction in self-hypnosis. I do not represent any of my services as any form of health care, psychotherapy or counseling. Hypnosis is not meant to be a substitute for psychological or professional counseling. If you have an ongoing mental health problem, please consult a professional licensed in the State of Maryland. I use hypnosis to motivate clients to eliminate negative or unwanted habits, facilitate the learning process, improve memory and concentration, develop self-confidence, eliminate stage fright, improve athletic ability, reduce/manage stress, focus on positive thoughts and desired outcomes, and for other social, educational and cultural endeavors. In general, I help people cope with the normal problems of everyday living by utilizing various techniques of hypnosis and progressive relaxation. Most hypnosis is of a non-medical nature. Despite research to the contrary, by law I may make no health benefit claims for my services. However, hypnosis does reduce stress, which is a beneficial adjunct for many medical and mental health disorders. Relaxation techniques can be learned which can reduce discomfort and improve certain health issues. I believe that thoughts and attitudes can influence how we feel and that hypnosis can help you change habits, focus on the positive, and visualize a state of wellness.

GUARANTEE AND REFUND POLICY: **No guarantees as to the effectiveness of hypnosis for your particular problem are made or implied, as it is impossible to guarantee human behavior or compliance. Therefore, no refunds for services are given. Hypnosis is not a quick fix or magic pill. A hypnotist is considered a guide or facilitator. You assume equal responsibility by making a commitment and allowing yourself to be guided into a state of hypnosis. No one can make you do something against your true will. I sincerely want you to succeed and pledge my efforts to help you to the best of my ability.**

I HAVE READ THIS CLIENT BILL OF RIGHTS AND I FULLY UNDERSTAND WHAT I HAVE READ. I acknowledge receipt of a copy of this statement for future reference.

Client Signature: _____ Printed Name: _____ Date: _____



Thank you for choosing College Park Hypnosis Center. Please fill out this form. The information will be helpful during your session. Please list seven of the benefits you expect to gain from making the change you would like to make.

Benefits of making the change you want

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Check as many of the following as it applies to you, and fill in the blank space if appropriate.

- I often feel that I should be punished for something I once did.
- I know of a past experience or relationship that could be causing this problem.
- I am aware of an internal conflict that may be causing part (or all) of my problem.
- If I get better, I stand to lose _____.
- If I wasn't so much like _____, I'd be much happier.

My three favorite colors are: _____

Name three of your favorite places: _____

If you have any questions about this form or hypnosis, please write them down here.

Name _____ Date: _____

What would you want to change? _____

What do you hope to accomplish in this session? _____

What's stopping you from having made this change already? _____

How will you know when you achieved this change? _____

What will be different for you once you have this change already? _____

What hobbies do you enjoy? _____

When you think of an awesome, relaxing place, what comes to mind? _____

Describe one of your favorite vacation places to me. _____

Weight clients continue : What's your desired weight? _____

Which your current level of physical activity? _____

What triggers you to eat food? _____

What times of day do you find yourself eating? _____

Why do you feel you overeat? _____

When and where do you feel you overeat? _____
