

TRANS-HYPNOTHERAPY - DESIREE HOLMES SCHERINI, BCH,CHT, LBLt, CRMT

CERTIFIED CLINICAL HYPNOTHERAPIST AND LIFE COACH

TRANSHYPNOTHERAPY@GMAIL.COM

OFFICE 202.203.0725 CELL 443.694.5618

CLIENT INTAKE, RELEASE, DISCLAIMER: ~

Name: _____ Birthdate _____

Date: _____

Address _____

Telephone: _____ E- mail: _____

Reason for seeking Services: _____

Current Medications and Drugs:

(Continue on back of sheet, if necessary) Have you been diagnosed with any of the following? Yes or no for each, please. _____ Schizophrenia Chronic Depression _____ Bi-polar _____ Heart Disease _____ Epilepsy _____ If you have any of the above conditions, we must have a doctor's written referral to proceed with your hypnotherapy session. Do you have any mental or behavioral condition requiring continued treatment by a psychiatrist or psychologist? If yes, please explain as these may have a bearing on our work together

: _____

Informed Consent: I, , understand that hypnosis is a method for self-exploration and/or behavioral change. This may enable me to search for meaning and understanding and to direct my own personal growth and development. I further understand that all hypnosis is self hypnosis. Since I am in total control of the hypnotic state and session, I can stop a session at any time. The facilitator will use symbols and symbolic language, which I will interpret according to my own belief system. I understand that hypnotherapy and Nuerolinguistic Programming may use trance and suggestion to adjust habits of thought, feeling, and behavior. I choose the goals for hypnotherapy and life coaching. I also choose the topics of discussion while in a trance state or session. I understand that hypnotherapy is not offered as a substitute for medical diagnosis and care. I agree to allow my sessions to be recorded if agreed upon, I will clearly be asked beforehand. I understand that all information on this form and from any hypnotherapy/life coaching session is strictly confidential. I enter into hypnotherapy and Life Coaching willingly and out of my own desire for self-exploration and/or behavioral change. Furthermore, I certify that I am requesting hypnotherapy or life coaching services on my own initiative and realize that (practitioner) does not diagnose ailments or prescribe treatments.

Signature _____

date _____