

Date _____

Personal Information

Name _____ Home Phone _____

Address _____ Business Phone _____

City _____ State _____ Zip Code _____

Age _____ Birthdate _____ Employer _____

Email address _____

Religion _____ Occupation _____

Spouse's Name _____ Spouse's Occupation _____

In case of emergency contact _____ At _____

How did you hear about me? _____

Health History

Name and address of personal physician _____

Date of last complete physical exam _____

Weight ____ Height ____ How would you describe your nutritional intake? _____

Ages of children/dependents. _____

Special needs children/dependents? _____

Are you now under a physician's care for any acute or long term medical problem requiring periodic or regular visits? Yes ____ No ____

If yes, describe _____

Have you ever consulted a mental health professional? No _____ Yes _____

If so, when? _____

If so, what is (are) the practitioner(s) name(s) _____

Are you currently under treatment by any mental health institution? No ___ Yes ___

For what condition(s)? _____

Are you on any medications for mental conditions? No _____ Yes _____

If so, what condition(s)/medication(s)? _____

Name of medicine you are now taking (include even those you use without a prescription) and dosage. _____

Known allergies - other than to food _____

Food sensitivities (allergies, make your stomach upset, headaches, etc.) _____

Have you ever consulted a psychologist, counselor or psychiatrist? Yes ___ No ___

If yes, name of professional _____

If yes, describe why you went and diagnosis _____

List any major hospitalization, surgeries or medical conditions pertinent to this issue.

Do you smoke? Yes _____ No _____ Packs/day _____

Do you drink alcohol? Yes ____ No ____ How often? _____ How much? _____

What do you need help with today? _____

How long have you had the problem(s)? _____

How long have you been thinking of getting help? _____

Do you feel stress plays a major role in your problems? Yes _____ No _____

If yes, state sources of stress. _____

Favorite activities _____

Type of exercise(s) you do. _____

Signature _____ **Date** _____

Client Bill of Rights

My name is Barbara Hawkins. I can be contacted by telephone at 253-227-9731.

Training: I was originally trained in hypnosis at Creative change, Inc., by Carolyn Deal in Greensboro, North Carolina. I am a certified member of The National Guild Hypnotists, The American Board of Hypnotists, The National Association of Transpersonal Hypnotherapy, and formerly The Kentucky Association of Hypnotherapists. I do annual continuing education to maintain my training at a high level.

Note: the state of Washington has not adopted any educational and training standards for the practice of hypnosis. This statement of credentials is for informational purposes only. A hypnotherapist does not 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 he/she may seek such services at any time. It is up to the client to choose his/her treatment modality and the choose the individual providers for any modality. In the event my services are terminated by a client, the client has a right to refuse hypnosis 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 treatment, may discontinue at any time, and may assert any right without retaliation.

Note: Under Washington law **RCW 18.19.060**: registration of an individual under this chapter does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

I am a certified member of The National Guild of Hypnotists, and practice in accordance with its Code of Ethics and Standards. If you ever 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.

Fees: As a rule I request a new client to consider at least a three-visit commitment which may be extended if desired. Explanation of this policy will be provided at your first visit so that you may make an informed decision. Payment method is cash at time of service unless otherwise arranged in advance. I suggest you think of my services as something that you will pay for personally. That will both protect your privacy and help you value the work you are doing more. The charges for my services are \$65 an hour. You will be given seven (7) days notice of any change in fees. If you must cancel or re-schedule an appointment, more than 24 hours notice is necessary. If you have not contacted me 24 hours or more prior to our scheduled appointment, you will be charged a \$20 fee. This fee may be applied toward your next appointment. Neither a credit card or filing of insurance forms is accepted.

MY APPROACH: According to the National Association of Transpersonal Hypnotherapists (of which I am a member), Transpersonal Hypnotherapy is *an orientation toward Hypnotherapy that is shared by an increasing number of holistically-oriented practitioners who are ready to take the concept of holism to the next logical step: Where holism takes body, mind, emotions and spirit into consideration, transpersonalism goes beyond the individual to consider the deep connections between human beings and our capacity to transcend the limitations of a three-dimensional consciousness. In Transpersonal Hypnotherapy, there is an emphasis on the innate spiritual resources within each individual, along with the assumption that the guidance of Higher Power will prevail within the therapeutic relationship, synchronistically bringing those insights and experiences that lead to the client's highest good.*

I have received and read this Client Bill of Rights and understand what I have read.

Name: _____ **Date:** _____

Signature _____

Confidentiality: I will not release any information to anyone without a written authorization from you, except as provided by law.