

**CONFIDENTIAL CLIENT INTAKE FORM**      Please Print Clearly

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Marital Status: S M D W

**Contact Lens:** During hypnosis your eyes will be closed for about 45 minutes. If your contacts will cause eye irritation, remember to bring lens holder and solution so you can remove them just before your session.

**Do you have a hearing problem?** \_\_\_\_\_ 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.

**How did you hear about me?** \_\_\_\_\_ If referred by someone, may I send him or her a thank you note? \_\_\_\_\_

Their name and address if known: \_\_\_\_\_

**Your primary reason or goal for today's session:** \_\_\_\_\_

**Other problems or goals, which may possibly be included with today's session or in a future session:** \_\_\_\_\_

**How will your life be different when you reach your goal?** \_\_\_\_\_

**Do you have difficulty with any of the following?** \_\_\_ Ability to get to sleep; \_\_\_ Quality of sleep; \_\_\_ Self-esteem; \_\_\_ Self-confidence; \_\_\_ Attitude or outlook on life; \_\_\_ Energy level; \_\_\_ Stress level; \_\_\_ Other \_\_\_\_\_

**If stress plays a role in your problem:** Is the source of stress known? \_\_\_\_\_

Do you think caffeine or other stimulants contribute to your situation? \_\_\_\_\_

Do you think alcohol or other drugs contribute to your situation? \_\_\_\_\_

**Please complete the following as applicable:**

Are you under the care of a physician now? \_\_\_ Dr. Name \_\_\_\_\_

Significant current health problems: \_\_\_\_\_

List any significant past health or mental health problems and year: \_\_\_\_\_

Are you currently under the care of a mental health professional? \_\_\_\_\_ Name: \_\_\_\_\_

**Have you been diagnosed with any of the following?** Seizure disorder \_\_\_; Obsessive-compulsive disorder \_\_\_; Depression \_\_\_; Schizophrenia \_\_\_; Bipolar or manic-depressive \_\_\_; Post-traumatic-stress syndrome \_\_\_; Diabetes \_\_\_\_\_. Details of any yes answers: \_\_\_\_\_

**Do you have any fears or phobias that interfere in your life?** \_\_\_\_\_

**NOTE: THE SERVICES I OFFER ARE NOT MEANT TO BE SUBSTITUTES FOR PSYCHOLOGICAL OR PROFESSIONAL COUNSELING. HYPNOSIS IS NOT TALK THERAPY. IF YOU HAVE AN ONGOING MENTAL HEALTH PROBLEM, PLEASE CONSULT A PROFESSIONAL LICENSED BY THE STATE OF TEXAS.**

**I may make general references to a higher power, creative force, or universal force.** Is that OK or do you have other preferences? \_\_\_\_\_

**Have you ever been hypnotized before?** \_\_\_ When: \_\_\_\_\_ Why: \_\_\_\_\_ Group or Individual? (circle one)

Was it helpful? \_\_\_\_\_ How long? \_\_\_\_\_ What did you like or dislike about it? \_\_\_\_\_

**Please 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 abuse, etc.) The better I know you, the more I can personalize your individual session.

**NOTE: You will receive a MP3 file of today's session. I may ask you to listen to this recording several times in the following days to reinforce your session. Under no circumstance should you listen to this recording while driving a motor vehicle or operating heavy machinery. Failure to listen to your recorded session will make it more likely that you will need additional sessions.**

**PLEASE READ AND SIGN THE NEXT PAGE, WHICH IS THE CLIENT BILL OF RIGHTS & CONSENT FORM THAT ALSO INCLUDES MY OFFICE POLICY.**

## CLIENT BILL OF RIGHTS & CONSENT FORM

**CONTACT INFORMATION:** My name is Tara A. Martin, Certified Hypnotist (C.H.). I can be contacted through my office, Airo Hypnosis, 10601 Pecan Park Blvd., Suite 302, Austin, TX 78750. Telephone (512) 851-6658.

**EDUCATION & TRAINING:** In February 2007, I completed Basic, Intermediate and Advanced training at Anne King's Hypnosis Center, 109 Smokey River North, Boerne, TX 78006, (830) 537-5411, to become a Certified Hypnotist. I am a Certified Member of the **International Medical & Dental Hypnotherapy Association**, which requires annual continuing education to maintain my training at a high level.

**NOTICE:** "THE STATE OF TEXAS HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. Under Texas law a hypnotist may not provide a medical diagnosis or 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 a client terminates my services, the client has a right to coordinated transfer of services to another practitioner. A 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, and may assert any right without retaliation.

**REDRESS:** I am a certified member of the International Medical and Dental Hypnotherapy Association, 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 International Medical and Dental Hypnotherapy Association at RR #2 BOX 2468 Laceyville, PA 18623, (570) 869-1021, to seek redress.

**FEES:** The charges for my services are: **\$100 per visit for General Hypnosis; \$250 for 3-session Smoking Cessation Package/\$75 follow-up; \$125 for 1st Weight Loss session/\$75 follow-up; \$125 for Past Life Regression; Group Sessions, as announced.** Payment is due in full at the time of service. I accept cash or check and credit cards. Fees are subject to change. The current fees will be honored for 6 months. Also see Cancellation Policy and Guarantee Policy. A \$25 fee will be assessed for all returned checks.

**CANCELLATION POLICY:** My time is my income and my hours are by appointment. Your appointment time is reserved exclusively for you. Please arrive promptly to obtain your full session. **I require a 24-hour cancellation notice.** Unless cancelled within 24 hours of your scheduled appointment time, you are financially responsible for the time reserved. If you must cancel or reschedule an appointment due to an emergency, please notify me as soon as possible. Thank you for your consideration.

**PREPAID VISITS:** The same policy applies to prepaid visits. Except in an emergency, 24-hours notice is required. Failure to keep your appointment or short-notice cancellation will result in the forfeiture of a prepaid visit. No refunds will be given for unused prepaid sessions. All prepaid visits will expire after twelve months.

**CONFIDENTIALITY:** Anything you tell me is held in strict confidence. 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 or classes for children under age 18 require written permission from parent or guardian who must accompany the client to all appointments.

**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. Upon request, I will provide a statement for Flexible Spending Plans or Employer Programs.

**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 my services as any form of health care, psychotherapy or counseling and despite research to the contrary, by law I may make no health benefit claims for my services. 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 by the State of Texas. 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 stress and for other social, educational and cultural endeavors of a non-medical nature. In general, I help people to cope with the normal problems of everyday living by utilizing various techniques of hypnosis. Hypnosis reduces stress, which is a beneficial adjunct for many medical or mental health disorders. Hypnosis can be used to reduce pain, discomfort and improve certain health problems. **For anything related to pain relief or other medical or mental issues, I will need a written referral from your applicable licensed medical, dental or mental health professional.** All other issues may be self-referrals.

**GUARANTEES:** **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. Hypnosis is a tool you use to help yourself; therefore no refunds for services are given. I do pledge my efforts to help you to the best of my ability and I sincerely want you to succeed!**

**CLIENT CONSENT & RELEASE:** I hereby agree, voluntarily and freely, to undergo hypnosis. I further release Tara Martin, Certified Hypnotist, and Airo Hypnosis, its employees and agents, from any and all claims of injuries, harmful effects, and all other consequences, whether or not presently known to me, which may result from this procedure at this time and any future time that I elect to undergo hypnosis through this organization. **I declare that I have read this consent and release, and that I fully understand and agree to its terms. I acknowledge receipt of a copy of this statement.**

**X**  
\_\_\_\_\_  
Client Signature (If under 18, must be signed by parent or legal guardian.)      Printed Client Name      Date Signed

**Please keep a copy for your reference**