

Florida Hypnotherapy Center at Jacksonville

Personal Information

Name: _____ Birth Month & Day: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers; Cell: _____, Work: _____, Home: _____

Email: _____ Age: _____ Sex: M F

Education: (*Highest Grade Completed*) _____ Occupation _____

Place of employment or school _____

Hours worked per week _____ Years with Employer _____

Are you satisfied with your job? Yes No I Don't Know

May we send you a quarterly e-mail regarding this center, new programs and updates? Yes No

May we send you a courtesy appointment reminder via text? Yes No

How did you hear about us? (*Please Circle*) Internet Website Friend Doctor

Other _____

Have you ever been hypnotized before? _____

Are you currently taking any medications? _____ if yes, please state for what reasons? _____

Briefly describe the issue you most wish help with right now _____

How would you rate the intensity of the issue or concern that brought you in? (*Circle the appropriate number*)

1 2 3 (*Not intense*) 4 5 6 (*Moderately Intense*) 7 8 9 10 (*Extremely Intense*)

How much has your current issue interfered with your life in general? (*Circle the answer*)

Not at all A little Somewhat Moderately To a great extent

If you could change anything about your life today, what would you change, and why? _____

Symptoms

Please circle any of the following symptoms you have been experiencing within the past two (2) weeks

Anxiety Depressive Feelings Sadness Anger Irritability Elevated mood
Headaches Nausea/Vomiting Stress Dizziness Shortness of breath Suicidal thoughts
Feelings of hurting someone Low self-esteem Recent weight loss/gain
Insomnia Change in appetite/eating habits

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Previous Counseling Experience

Have you ever received psychological counseling?

Yes No

If yes, when? _____ For how long? _____ Why? _____

Are you currently seeing a psychiatrist or have seen a psychiatrist in the past? Yes No If yes, when ____

What was the focus of the psychiatric treatment? _____

Do you have suicidal thoughts presently? Frequently Sometimes Rarely Never

How often have you had suicidal thoughts in the past? Frequently Sometimes Rarely Never

Have you ever intentionally inflicted any harm upon yourself? Yes No Unsure

When? _____

Have you ever attempted suicide? Yes No

When? _____

Have you ever been hospitalized for psychological reasons? Yes No

For what reason(s) _____

When? _____

Describe you familie's mental health history _____

Alcohol and Other Drug Use

How often do you drink alcohol?

Daily 3 or more times per week 1-2 times per week Weekly

Monthly Less than monthly Never

How often do you use other drugs (marijuana, cocaine, ecstasy, oxycontin, etc)?

Daily 3 or more times per week 1-2 times per week Weekly

Monthly Less than monthly Never

Do you, or does someone else, think that you may need to cut down or stop using drugs? Yes No Maybe

Relational/Support History

Present marital status (circle one)

Single Married Remarried Separated Divorced Widowed

If you are in a romantic relationship, how long have you been in this relationship? _____

Are you satisfied with your current romantic relationship? Yes No I Don't Know

Do you feel supported by your partner/spouse? Yes No I Don't Know

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How would you rate the quality of your friendships?

Very Poor Unsatisfactory About Average Good Excellent

Besides family, how many people can you count on right now for friendship/emotional support? _____

Do you have children? No Yes Children's ages _____

How would you rate the quality of your relationship(s) with your children?

Very Poor Unsatisfactory About Average Good Excellent

Physical Health

How is your physical health at present?

Poor Unsatisfactory Satisfactory Good Very good

List any health problems _____

List any current medications (prescribed or non-prescribed) _____

Are you having any problems with your sleep habits? No Yes

Are you having any difficulty with appetite or eating habits? No Yes

Do you have any problems or worries about sexual functioning? No Yes

If yes to any of the above, please explain _____

Are you suffering from symptoms of loss or grief? No Yes

If yes, please explain _____

Describe any physical health problems of close family members _____

Mental Health

Have you ever been a victim of:

Emotional abuse as a child No Yes I don't know

Physical abuse as a child No Yes I don't know

Sexual molestation/abuse as a child No Yes I don't know

Emotional abuse/assault by a partner/spouse No Yes I don't know

Physical abuse/assault by a partner/spouse No Yes I don't know

Sexual abuse/assault as an adult No Yes I don't know

Other trauma (*Specify*): _____

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Participation Terms & Conditions Agreement

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

1. I am participating in hypnosis by my own choice because I want to be here.
2. I understand that I am not a patient, but a co-operating partner in my hypnosis experience.
3. I acknowledge the futility of blame for both myself 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 that it can take time.
6. ***** By signing this form I acknowledge that I will give a 24-hour notice in case I need to cancel or reschedule my appointments and that if I do not, that I will pay for the full price of the session that I had scheduled.**

Note: The words Hypnotist, Hypnotherapist, and Practitioner are used interchangeably in the following document. The facility name, **Florida Hypnotherapy Center** appears in initial form as **FHC** in the following document.

____ I have been advised by FHC, about the scope of hypnosis/hypnotherapy practiced, and I give my consent to receiving hypnosis/hypnotherapy sessions through FHC.

____ I understand that results vary and that FHC does not guarantee results.

____ Hypnosis/Hypnotherapy is not a replacement for medical treatment, psychological or psychiatric services or counseling.

____ I understand that the Hypnotist/Hypnotherapist does not treat, prescribe for or diagnose any condition.

____ I understand that the practitioner is a facilitator of hypnotherapy and is not practicing any other profession that requires a license under the laws of the State of Florida.

____ I am aware and understand that in some cases it may be necessary for the practitioner to respectfully tap my shoulder, hand, wrist, or forehead in order to help me establish a beneficial state of hypnosis.

____ I have been advised that I am free to terminate any or all sessions at any time.

____ I have agreed to participate in each session to the best of my ability.

____ I have accurately provided background information as requested by the hypnotist/hypnotherapist.

____ I understand that confidentiality regarding my sessions will be honored between FHC and myself. This same confidentiality is respected when working with minors under the age of eighteen.

____ I understand that a session hour is 50 minutes, 10 minutes is reserved for scheduling and payment.

____ I understand that there is a no show charge if I should fail to show up for, cancel or reschedule my appointment.

I understand and agree to the terms listed above.

Signature (18 years or older):

Date:

Signature (Parent/Guardian):

Date:

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

JR Remington, CHt #311-081 & Jeanne Grimes, CHt #311-079

Florida Hypnotherapy Center at Jacksonville

Client Bill of Rights

Contact Information: Florida Hypnotherapy Center can be contacted through the office at 10752 Deerwood Park Blvd., SouthWater II, Suite 100, Jacksonville, FL 32256 or by telephone at (904) 248-1733.

Education and Training: We were trained in hypnotism at the Florida Institute of Hypnotherapy in Gainesville, Florida. We are members of the Certified Hypnotist Examiners and we do annual continuing education to maintain our training at a high level. We are Advanced Neuro Linguistic Programming Practitioner through NLP Learning Systems Corporation. We hold certifications for certified clinical hypnotherapist, trainer and examiner from the ACHE.

Notice: AS THE STATE OF FLORIDA HAS NOT ADOPTED 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. We are not physicians or licensed health care providers and may 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 client may seek such services at any time. In the event my services are terminated by a client, the client has a right to a coordinated transfer to another practitioner. A client has a 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: We are certified members of the American Council of Hypnotist Examiners, and practice in accordance with its Code of Ethics. If you have a complaint about our services or behavior that we cannot resolve for you personally, you may contact the American Council of Hypnotist Examiners at 700 S. Central Avenue, Glendale, CA 91204 (Complaints must be made in writing setting forth the basis of the claim.) Services, other than ours, may be available to you in the community. You may locate such providers in the telephone book. As our client you have the right to refuse any aspect of services or to completely terminate services at any time, or to choose another practitioner.

Fees: The charges for our services are \$160.00 per session. Sessions run approximately 1 ½ to 2 hours. A session hour is 50 minutes; 10 minutes is reserved for scheduling and payment. Fees are due at the time of each session in the form of cash, check or credit card. You will be given a 14-day notice of any change in fees. I do have a 24-hour cancellation policy and clients are charged for one full session if they do not call to cancel or reschedule in accord with this 24-hour notice. Sessions paid in advance in the form of package deals are good for 6 months from their time of purchase. After 6 months of absence from hypnotherapy, these sessions are forfeited. Packages are non-refundable. **3 sessions paid in advance grants a 5% discount. 5 sessions paid in advance grants a 10% discount. Ten sessions paid in advance grants a 15% discount.**

Confidentiality: We 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 our written record about you. As our client you have the right to complete current information concerning any aspect of the professional/client relationship.

Insurance: We suggest you think of our services as something that you pay for personally. This will both protect your privacy and help you value the work you are doing. In general, most insurance companies do not like to cover hypnotherapy services, and I caution you not to expect them to do so.

My Approach: It is our goal to help you achieve lasting results through the use of Hypnosis, NLP, Meditation and other related self-help modalities. Through the power of your own mind, We will assist you in reaching your goals in a way that you and the hypnotherapist both agree to be in your best interest and in a way that is in compliance with state and federal laws, as well as with the standards of the organizations to which we belong. We agree to use our experience to facilitate the changes that are mutually agreed to be in your best interest. We are professionally committed to mobilizing your inner resources in the shortest time possible.

I am of legal age and in consideration of my acceptance as a participant in this seminar, hypnosis session, regression, training or any other Florida Hypnotherapy Center production. I, for myself, my heirs, executors, administrators and assignees, do hereby release and discharge Florida Hypnotherapy Center, any of its employees or other participants from all claims of damages, copyright, demands or actions whatsoever in any manner arising from or growing out of my participation. I understand that recordings are made at these events and Florida Hypnotherapy Center retains the copyright of these recordings. I have received and read this Client Bill of Rights and the A.C.H.E. Disclosure Form and understand what I have read:

Client Name: _____ **Client Signature:** _____ **Date:** _____

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Client Copy