



# Lea H. Siebert, LAc, CH

*Certified Hypnotherapist & Licensed Acupuncturist*  
*National Guild of Hypnotists ♦ Academy for Professional Hypnosis Training*

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

By What name would you like to be called? \_\_\_\_\_

Address \_\_\_\_\_

Street

City

\_\_\_\_\_ E-Mail \_\_\_\_\_

State

Zip Code

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Telephone: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Day

Evening

Cell

By whom or how were you referred to our office? \_\_\_\_\_

Have you ever experienced hypnosis before? Yes\_\_\_ No\_\_\_ If so, when?\_\_\_\_\_

Have you had any experiences with deep meditation or similar modalities? Yes\_\_\_ No\_\_\_

If yes, please describe briefly:\_\_\_\_\_

Are you currently under the care of a physician, psychiatrist or therapist? Yes\_\_\_ No\_\_\_

If yes, please describe briefly:\_\_\_\_\_

Are you currently taking any medication? (If yes, list & include purpose for medication):

\_\_\_\_\_

Name & address of referring physician/therapist (if applicable):

\_\_\_\_\_

Do you have any questions or concerns about today's appointment? \_\_\_\_\_

\_\_\_\_\_

How may we best assist you today? Please include *anything* you wish us to know:

\_\_\_\_\_

\_\_\_\_\_

**THANK YOU. WE APPRECIATE YOUR CONFIDENCE IN US!**

I hereby give my permission for \_\_\_\_\_, a minor,

to receive guided imagery/hypnotic suggestion from

\_\_\_\_\_, Certified Hypnotherapist.

\_\_\_\_\_  
Signature of Legal Parent/Guardian

\_\_\_\_\_  
Date

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www.HawaiiHypnoPuncture.com ♦ (808) 365-4878

**Disclosure**

The State of Hawaii has no licensing available at this time for qualified hypnotists and hypnotherapists. Only certain of healing professions are at this time licensed by the state.

This form is to state that Lea H. Siebert is not a licensed physician or psychotherapist, but is a certified hypnotist and as such is credentialed to provide you professional hypnosis. Hypnosis has been approved by many states as an acceptable complementary adjunct or alternative to traditional medicine or therapy (defined as “healing arts services licensed by the state”). It is not, however, a substitute for licensed medical or mental-health treatment.

The services I render are held out to the public as nontherapeutic hypnotism, defined as the use of hypnosis to inculcate positive thinking and the capacity for self-hypnosis. I do not represent my services as any form of health care or psychotherapy, and despite research to the contrary, by law I may make no health benefit claims for my services.

Credentials: Lea H. Siebert has studied and received training in hypnosis and related techniques. Lea H. Siebert is certified as a hypnotist with the National Guild of Hypnotists and is certified as a hypnotherapist with the Academy for Professional Hypnosis Training.

*I have read and understand the above statements.*

*Signed* \_\_\_\_\_

*Date* \_\_\_\_\_