

# Confidential

## Client Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
What is your primary reason or goal for today's visit? \_\_\_\_\_

**Below is a list of common concerns that lead people to seek professional assistance. Please check all that apply to you.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Anxiety/Stress   | <input type="checkbox"/> General Fears           | <input type="checkbox"/> Smoking            |
| <input type="checkbox"/> Insomnia         | <input type="checkbox"/> Fear of Public Speaking | <input type="checkbox"/> Sports Performance |
| <input type="checkbox"/> Chronic Pain     | <input type="checkbox"/> Lack of Motivation      | <input type="checkbox"/> Alcohol/Drug Use   |
| <input type="checkbox"/> Depression       | <input type="checkbox"/> Low Self Esteem         | <input type="checkbox"/> Test Anxiety       |
| <input type="checkbox"/> Weight Issues    | <input type="checkbox"/> Phobic Reactions        | <input type="checkbox"/> Unwanted Habits    |
| <input type="checkbox"/> Surgical Anxiety | <input type="checkbox"/> Relationship Issues     | <input type="checkbox"/> Goal Setting       |

Relevant Medical Condition/s: \_\_\_\_\_

Are you currently under a physician's care for these conditions? Yes No

Date of your last visit with your physician: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: (\_\_\_\_) \_\_\_\_\_

**Note: If the reason for today's visit has to do with a medical issue, it will be necessary to obtain your physician's approval to use hypnotherapy as an adjunct to medical treatment.**

Are you currently under the care of a mental health professional? Yes No

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Did they refer you or are they open to hypnosis? \_\_\_\_\_

Have you ever been hypnotized before? Yes No

Do you meditate? Yes No

Briefly describe your spiritual or religious beliefs or life philosophy \_\_\_\_\_

How did you learn of our practice? \_\_\_\_\_

## Client Consent Form

**Fees:** Our service fees are \$100.00 per session (except prepaid program packages). Sessions will last 45 minutes to an hour. Payment is due in full at the time of the session. Prepaid sessions may be purchased in quantities of 3 (3 sessions for \$270.00 or 6 sessions for \$540.00). Prepayment must be made at the time of the first session to receive the discount. Personalized CD's are available for \$100.00 and are not discountable. Visa, MasterCard, Discover, cash or check are acceptable forms of payment.

**Cancellation Policy:** Your appointment time is reserved exclusively for you. Please arrive promptly to obtain your full session. If you must cancel or reschedule, we require a 24 hour notice. Unless cancelled prior to 24 hours, you are financially responsible for 50% of the scheduled fee. If you must cancel or reschedule due to an emergency, please notify us as soon as possible.

**Confidentiality:** All hypnosis sessions are confidential. We will not release any information to anyone without written authorization from you, except as provided by law.

**Notice:** Hypnosis is a natural and safe, self-help process. Hypnotherapy is not the practice of medicine or psychotherapy. The hypnotherapy services provided are for educational and self improvement purposes and are not intended for the diagnosis or treatment of any medical or psychological condition. If you have an ongoing medical illness, mental disability or mental illness, please consult a medical doctor, psychiatrist or psychologist licensed by the State of Texas. We do not represent our services as any form of health care and despite research to the contrary, by law we may make no health benefit claims for our services.

**Redress:** We offer hypnosis services in accordance with the Code of Ethics and Standards prescribed by the American Council of Hypnotist Examiners. If you should have a complaint which we have not resolved to your satisfaction, please feel free to contact the American Council of Hypnotist Examiners at 700 S. Central Avenue Glendale, Ca 91204. It is your right to refuse any aspect of our services and to seek the services of another hypnotherapist at any time.

**Client Consent and Release:** I am of legal age and in consideration of my acceptance as a participant in hypnosis and hypnotherapy sessions, training, seminar or any other Austin Hypnotherapy Solutions, LLC production, I for myself, my heirs, executors, administrators and assignees, do hereby release and discharge Austin Hypnotherapy Solutions, LLC and Pam Yagjian and any of their employees or other participants from all claims of damages, copyright, demands or actions whatsoever in any manner arising from my participation. Further, I understand that audio and video recordings are made during some sessions and events, and that Austin Hypnotherapy Solutions, LLC, retains the copyright of these recordings.

**I declare that I have read this consent and release and that I fully understand and agree to the terms described. I acknowledge receipt of a copy of this statement.**

X \_\_\_\_\_

Client Signature (if under 18, must be signed by legal guardian)

\_\_\_\_\_ Date Signed

## Participation Agreement

**I acknowledge that in order to be successful in reaching my goals I must accept that the following tenets are important to the process:**

- I understand that my health and well-being depend on how well I care for myself physically, emotionally, intellectually and spiritually.
- I accept that my thoughts, feelings and desires directly determine the course of my life and my relationships.
- I recognize that blaming myself or others serves no purpose.
- I acknowledge that I am responsible for my experience of life as I make the choices and take the actions which shape my life.
- I agree to be an active participant in my hypnotherapy process and see myself as an equal partner in the success of the process. I can demonstrate this by being on time for my sessions and being fully present.

**Client/Co-Therapist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **My Commitment to You**

I agree to use my abilities and expertise to facilitate such changes as are mutually agreed to be in your best interest. I will offer you my undivided attention during our scheduled sessions. I am professionally committed to assisting you in using your inner resources to achieve your goals in the shortest possible time.

**Pam Yagjian, C.Ht.,M.S.** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Visual, Auditory, and Kinesthetic Quiz

Read each statement carefully. To the left of each statement, write the number that best describes how each statement applies to you by using the following guide:

1	2	3	4	5
Almost Never Applies	Once in a While	Sometimes Applies	Often Applies	Almost Always Applies

Answer honestly as there are no correct or incorrect answers. It is best if you do not think about each question too long, as this could lead you to the wrong conclusion.

Once you have completed all 36 statements (12 statements in three sections), total your score in the spaces provided.

## Section One – Visual

\_\_\_\_\_ 1. I take lots of notes and I like to doodle.

\_\_\_\_\_ 2. When talking to someone else I have the hardest time handling those who do not maintain good eye contact with me.

\_\_\_\_\_ 3. I make lists and notes because I remember things better if I write them down.

\_\_\_\_\_ 4. When reading a novel I pay a lot of attention to passages picturing the clothing, description, scenery, setting, etc.

\_\_\_\_\_ 5. I need to write down directions so that I may remember them.

\_\_\_\_\_ 6. I need to see the person I am talking to in order to keep my attention focused on the subject.

\_\_\_\_\_ 7. When meeting a person for the first time I notice the style of dress, visual characteristics, and neatness first.

\_\_\_\_\_ 8. When I am at a party, one of the things I love to do is stand back and "people-watch."

\_\_\_\_\_ 9. When recalling information I can see it in my mind and remember where I saw it.

\_\_\_\_\_ 10. If I had to explain a new procedure or technique, I would prefer to write it out.

\_\_\_\_\_ 11. With free time I am most likely to watch television or read.

\_\_\_\_\_ 12. If my boss has a message for me, I am most comfortable when she sends a memo.

Add up your total for Visual \_\_\_\_\_ (note: the minimum is 12 and maximum is 60)

## Section Two – Auditory

- \_\_\_\_\_ 1. When I read, I read out loud or move my lips to hear the words in my head.
- \_\_\_\_\_ 2. When talking to someone else I have the hardest time handling those who do not talk back with me.
- \_\_\_\_\_ 3. I do not take a lot of notes but I still remember what was said. Taking notes distracts me from the speaker.
- \_\_\_\_\_ 4. When reading a novel I pay a lot of attention to passages involving conversations, talking, speaking, dialogues, etc.
- \_\_\_\_\_ 5. I like to talk to myself when solving a problem or writing.
- \_\_\_\_\_ 6. I can understand what a speaker says, even if I am not focused on the speaker.
- \_\_\_\_\_ 7. I remember things easier by repeating them again and again.
- \_\_\_\_\_ 8. When I am at a party, one of the things I love to do is talk in-depth about a subject that is important to me with a good conversationalist.
- \_\_\_\_\_ 9. I would rather receive information from the radio, rather than a newspaper.
- \_\_\_\_\_ 10. If I had to explain a new procedure or technique, I would prefer telling about it.
- \_\_\_\_\_ 11. With free time I am most likely to listen to music.
- \_\_\_\_\_ 12. If my boss has a message for me, I am most comfortable when she calls on the phone.

Add up your total for Auditory \_\_\_\_\_ (note: the minimum is 12 and maximum is 60)

## Section Three – Kinesthetic

- \_\_\_\_\_ 1. I am not good at reading or listening to directions. I would rather just start working on the task or project at hand.
- \_\_\_\_\_ 2. When talking to someone else I have the hardest time handling those who do not show any kind of emotional support.
- \_\_\_\_\_ 3. I take notes and doodle but I rarely go back a look at them.
- \_\_\_\_\_ 4. When reading a novel I pay a lot of attention to passages revealing feelings, moods, action, drama, etc.
- \_\_\_\_\_ 5. When I am reading, I move my lips.
- \_\_\_\_\_ 6. I will exchange words and places and use my hands a lot when I can't remember the right thing to say.
- \_\_\_\_\_ 7. My desk appears disorganized.
- \_\_\_\_\_ 8. When I am at a party, one of the things I love to do is enjoy the activities such as dancing, games, and totally losing myself in the action.
- \_\_\_\_\_ 9. I like to move around. I feel trapped when seated at a meeting or a desk.
- \_\_\_\_\_ 10. If I had to explain a new procedure or technique, I would prefer actually demonstrating it.
- \_\_\_\_\_ 11. With free time I am most likely to exercise.
- \_\_\_\_\_ 12. If my boss has a message for me, I am most comfortable when she talks to me in person.

Add up your total for Kinesthetic \_\_\_\_\_ (note: the minimum is 12 and maximum is 60)

## SCORING PROCEDURES

Total each section and place the sum in the blocks below:

Visual	Auditory	Kinesthetic
Total Points _____	Total Points _____	Total Points _____

The area in which you have the highest score represents your predominant learning style.

Note: You learn in **ALL** three styles, but you normally learn best using one style.