

Kathy Young Therapeutic Massage & Hypnosis Intake Questionnaire & Release Form

NOTE: All information will be kept strictly confidential except that which we are legally obliged to report such as threat of injury to self or others. IF you are in any way uncomfortable with any of these questions, feel free to skip them. Please be aware that the more you tell me about yourself, the more I may be of assistance to you. Feel free to use the back of the questionnaire to go into detail about anything you wish for me to know about you or to help you with. It is our honor to assist you.

Date: _____

Name _____ Date of Birth _____ Age ____ Sex ____

Address _____ City _____ State _____

Zip Code _____ Email Address _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

How did you hear about this office: Internet _____, Telephone Book: Fairpoint _____ or Talking Phone Book _____, referred by _____
Other source _____.

Personal Status: Married _____ Single _____ Divorced _____

Names and ages of Children if any _____

Name of Spouse/Partner _____

6. List any current health problems. _____

6A. Are you being treated by a physician? _____ Yes _____ No

If yes, for what? _____

Dr. info (name, address, tel, #)

Are you being treated by a psychologist/psychiatrist/Licensed Counselor? _____ Yes _____ No

If yes for what? _____

Name, address, tel # _____

List any medications you are currently taking. _____

What is your current occupation? _____

Do you enjoy your work? _____
Have you ever been hypnotized? _____ Yes _____ No
If so when, where and why? _____

Why are you seeking hypnosis now? _____

What do you expect to achieve through hypnosis- expand on the above if you can?

Please help me understand you better by answering the following questions:

List any fears/phobias your currently have? _____

Do you experience any compulsive tendencies? _____

Please list your three most important life-time goals: _____

List your three favorite colors in order of preference _____

List your three favorite places in order of preference _____

On a vacation do you prefer relaxation or excitement? _____

Please list your three favorite past-times/hobbies: _____

Please list things that you like to do but that you want to do better.

If you could be, do, have or become anything, what would you wish for?

Are you currently experiencing any of the following: (Please check all that apply)

- nervousness inability to relax sleeplessness depression
- sexual dysfunction compulsive tendencies nail biting teeth grinding
- alcohol abuse drug abuse serious eating disorder poor memory
- compulsive overeating self mutilation codependency
- inability to focus marital problems recent divorce war trauma
- childhood trauma fear of heights lack of energy poor self esteem
- abusive home situation ADD abusive work situation lack of success

Other: _____

Do you follow any spiritual or meditative practices? (if so please describe)

19. Do you or have you experienced seizures _____ heart condition _____ dizziness _____.

RELEASE STATEMENT: *I hereby authorize certified personnel of Kathy Young Therapeutic Massage & Hypnosis to hypnotize me for the purposes outlined in this intake form and for future purposes that I may request. I understand that the success of my hypnosis therapy depends greatly on my own ability to relax and desire to create change in myself. I understand that because the results of my sessions depend greatly upon my own serious participation, that Kathy Young Therapeutic Massage Hypnosis cannot offer any guarantee of success of my treatment. However, Kathy Young Therapeutic Massage & Hypnosis will do everything reasonably in their power to ensure my success. I also understand that there may be times that the hypnosis portion of the session will be recorded and I agree to such recordings. I understand that if my voice is on this recording, this recording will become a part of my confidential files.*

Signature: _____ Date: _____

Client Bill of Rights National Guild of Hypnotists

Contact Information: Kathy Young, CHT, Kathy Young Therapeutic Massage & Hypnosis., 46 Holly Street, Manchester, New Hampshire, 03102. 603-623-9900.

www.kathyyounghypnosis.com – Email: kathy@kathyyounghypnosis.com

Education and Training: National Guild of Hypnotist - Certified Hypnotist; Certified in basic hypnosis at Thomas Institute of Hypnosis; Graduate of [Hypnotherapy Academy of America](#), Santa Fe, New Mexico; Certified Clinical Hypnotherapist (450 hours of training); 5-Path® Hypnotherapist certified from Banyan Hypnosis Center – Tustin, California; 7th -Path® Self Hypnosis Teacher Certified from Banyan Hypnosis Center, Tustin, California; Certified Hypnotist – Irritable Bowel Syndrome – Alabama Hypnotherapy Center; Certified Past Life Regression Facilitator, Georgina Cannon, Ontario Canada; Licensed Massage Therapist, State of New Hampshire, and Nationally Certification Board for Therapeutic Massage and Bodywork, NCTMB; Usui Reiki Master Teacher and Shambala Reiki Master.

NOTE: THE State of New Hampshire has not adopted any educational and training standards for the practice of hypnotism. This statement of credentials is for information purposes only: Hypnotism is a self-regulating profession and state governments do not license its practitioners. I am neither a physician nor a licensed health care provider and may not provide a medical diagnosis nor recommend discontinuance of medically prescribed treatments. I am a licensed Massage Therapist but as such these statements still apply. 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 coordinated transfer of services 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: I am a certified member of both the National Guild of Hypnotists and practice in accordance with their 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 PO Box 308, Merrimack, NH 03054-0308 (603) 429-9438 to seek redress.

Fees: Session rate - \$95.00.

Cancellations: A 24 hour notice is required for any cancelled scheduled appointment or you may be charged for the full session fee and agree to pay same.

Confidentiality: 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.

Signature: _____ Date: _____