

Thank You For Choosing Delaware Hypnosis Partners

Welcome to Delaware Hypnosis Partners. Please read and sign this form before completing the rest of the forms. We do our very best to ensure that we provide the highest quality hypnosis services available. We do this by constantly improving our techniques and keeping up with the latest developments in the field of hypnosis. The consulting hypnotist that will be working with you is certified by the National Guild of Hypnotists.

During your first visit here at Delaware Hypnosis Partners, you will view a video entitled, *The Truth About Hypnosis*, in which Calvin Banyan, MA, BCH, CI, explains how hypnosis works, and why it is better than using human will power alone. Please feel free to take notes, and if you have questions, bring them with you to your session and the hypnotist will be happy to answer them for you.

As one might expect, there is some variation in the length of sessions. We try our best to keep true to schedule, but sometimes we may run late. Please excuse us if we do. Sometimes continuing a session for another 10 or 15 minutes can save a great deal of time in the long run for the client. Or, stopping the session at a particular time may be inappropriate because the issue being dealt with is emotional, and the client needs some time to regain composure before returning to the waiting area. So, sometimes we will run a little late; please note that it is usually for a good reason.

Lastly, hypnosis is a very powerful process that has helped thousands of Americans to make the kinds of changes that they want to make in their lives. However, hypnosis is not a mind control. For example, no one, not even the very best hypnotist, could *make* you lose weight, or stop smoking if you really don't want to. Nor could he or she accurately predict how many sessions it will take. Every client is unique. *Most clients* begin to experience the benefits from the very first session, and *most clients* are done in five or six sessions. We typically limit the number of sessions for any particular issue to seven sessions. If it takes more than six sessions, hypnosis may not be best for you at this time.

Ultimately, you are responsible for the changes that occur as a result of the hypnosis sessions. This is both good and bad. It is good because, after you have made the changes that you want using hypnosis, *you* deserve a great deal of the credit, and this knowledge helps *you* to make more changes in your life. But, on the other hand, it is bad because we cannot guarantee that the changes will come about. *In fact*, this is true in any situation where a professional is trying to help you. There is always a human factor. Doctors cannot guarantee that you will get well. Teachers cannot guarantee that you will learn, and lawyers cannot guarantee that you will win your case. What we *can* guarantee here at Delaware Hypnosis Partners is the very best service using current information and appropriate hypnotic techniques for your situation. The rest is up to you.

Clients must make any schedule changes (e.g. rescheduling or canceling their appointment) at least two working days *before* their appointment or they *will* be charged for the appointment. Please see our Appointment Policy for detailed information.

By signing this, I am stating that I have read this form and understand that, like other healing arts, the practice of hypnosis is not an exact science, and that I also bear responsibility for my outcome. Therefore, results are not guaranteed, nor are refunds given for services rendered.

Signature _____ Date _____

DELAWARE HYPNOSIS PARTNERS – Appointment Policy

Making Appointments

We require either a credit card number or advance payment by cash or check to confirm and hold your appointment time.

Please note, credit cards *will not be charged* until your arrival for your appointment, unless you miss (“No-Show”), cancel, or reschedule your appointment without the required two business days (see below) notice. Delaware Hypnosis Partners’ business week is Monday through Friday, excluding holidays.

Advance cash or check payment is due one week before your appointment, or before you leave the previous week’s appointment, whichever is sooner. Checks and cash will be deposited two business days prior to your appointment, consistent with our notification policy.

Cancellations, Missed Appointments, and Rescheduling Appointments Policy

We require two business days (3 PM Monday - Friday) notice for any changes or cancellations to appointment day or time. No exceptions.

For example, if appointment is scheduled for . . . Notification is required **by 3:00 PM** on . . .

Monday	Thursday
Tuesday	Friday
Wednesday	Monday
Thursday	Tuesday
Friday	Wednesday

Although we may at times choose to schedule on weekends or holidays, *weekends and holidays do not count as business days*. For example, if the 4th of July occurs on a Wednesday, notice for Thursday appointment changes would be require by Monday to account for the holiday.

Client *will not be charged* for a cancelled/missed/rescheduled session *if* the required notice is given.

Clients canceling or rescheduling within less than two business days or missing their appointment (“No-Shows”) *will be charged* for their scheduled appointment that day, because we will be unable to book another client in that time on such short notice. No exceptions.

If we are unable to personally take your call, voicemail will be accepted as notification. Our voicemail system provides us with the time and date of a message, however, it is still helpful when our clients specify in their message the day and time they are calling. Email is *not* valid for changes/cancellations.

(continued next page)

Initials _____ Date _____

[Appointment Policy Continued]

Pre-Paid Sessions Policy

Clients taking advantage of our prepayment discount incentive are advised that all pre-paid sessions become *non-refundable at the time of payment*. By pre-paying, you are committing to complete your course of hypnosis as recommended by your hypnotist.

Returned (“Bounced”) Check Policy

In the event that a payment by check is returned for insufficient funds, commonly referred to as a “bounced” check, the client will be re-billed for the full amount of the check plus a \$20 returned check fee. If more than one check from the same client bounces, no more checks will be accepted from that person, and all future payments will be due in cash or via credit card.

The Reason for This Appointment Policy

This appointment policy is to ensure that our appointment times are being optimally utilized. Many clients have to wait anywhere from one week to two months for our next available appointment. If we have enough advance notice, we are able to schedule our clients effectively.

This policy also ensures the best use of our hypnotists’ AND clients’ time. Hypnotists are better able to serve our clients when appointment times are kept, and clients have a more consistent result when the recommended schedule of sessions is kept.

We thank you for your understanding and we look forward to serving you.

“I, _____, have read and understand the above policy
[PRINT NAME]

and agree to abide by the requirements set therein.”

[SIGNATURE] [DATE]

[Parent/Guardian if client is under 18] [DATE]

DELAWARE HYPNOSIS PARTNERS -- Confidential Client History

Date ___/___/___

Name _____ DOB ___/___/___ Age ___ Sex ___ Marital Status _____

Address _____ City _____ State ___ Zip _____

Phone H: _____ W: _____ C: _____

Email _____ Occupation _____ No. Of Children: _____

How did you hear about us? Yellow Pages ___ Newspaper ___ Other Advertisement _____

Or, Referral ___ If so, who referred you? _____

Has anyone ever tried to hypnotize you? ___ Reason: _____

Do you believe that you were hypnotized? ___ Why? _____

Generally, how did it go for you? _____

Presenting Issues:

- Self-Control Appearance Success/Achievement Personal Organization
- Weight Management Interpersonal Skills Become Persuasive Relationships
- Situational Stress Optimism Spirituality Facilitate Wellness
- Sleep Improvement Goal Setting Self-Confidence Referred Medical Issues
- Apprehensions Attraction Occupation Other Referred Issues

Any previous attempt to address this issue? Yes ___ No ___ Results _____

We find it useful sometimes to use a holistic approach (mind-body-spirit) when appropriate.

Would you consider yourself a spiritual person? Yes ___ No ___ Maybe ___

Medical History

Are you currently undergoing medical or psychological treatment for the above issue?

Yes ___ No ___ If so, with whom? _____

Have you been under a doctor's care in the past year? Yes ___ No ___

If yes, for what? _____ Dr.'s name? _____

Have you ever been treated for emotional problems? Yes ___ No ___ If yes, are you currently receiving treatment or counseling? Yes ___ No ___ By whom? _____

Have you ever been treated for? Heart ___ Diabetes ___ Epilepsy ___ Pain ___

Are you currently taking *any* medications? Yes ___ No ___

If so, what? _____

Reason for medication(s)? _____

Have you had any prolonged illness? Yes ___ No ___ If yes, what illness _____

Do you have any questions about hypnosis? Yes ___ No ___

Any appointment changes must be made two office working days in advance. Appointments broken or canceled without two working days notice will be charged for the session. Please see appointment policy for full details.

Client Signature

*Parent/Guardian Signature (required if client under 18 years old)

***If you wear HARD contact lenses, please remove them before your session, as they inhibit your ability to relax.**

DELAWARE HYPNOSIS PARTNERS – Weight Loss Questionnaire

Thank you for choosing Delaware Hypnosis Partners. We are committed to helping you make the kinds of changes you need to make in your life, so you can become slimmer, healthier and happier with yourself. Our hypnosis program is very effective because it is tailored to your needs. Please take a few minutes to fill out this form, so we can serve you better. This will be used during your appointment in order to custom design an appropriate and effective hypnosis program to meet your goals.

Name _____ Date _____

Approximately, what is your weight now? _____ What is your goal weight? _____

In your opinion, why are you not achieving/maintaining your desired weight/size at this time?

Please place a mark next to the statements below that are true for you. Then, go back through the list, and circle four or five changes that you feel would help you the most toward achieving your weight loss goal.

___ I would like to exercise more.

___ I would like to drink more water.

___ I would like to feel more motivated to consistently do the things I need to do to become slimmer.

___ I would like to really believe that I can lose weight.

___ I would like to be able to reduce the amount of food I eat at meal time.

___ I would like to stop snacking between meals.

___ I would like to be able not to snack so much at home, because that is one of the main problems (i.e., eating while reading, watching TV, or working at the computer).

___ I would like to be able not to snack at work, because that is one of the main problems.

___ I would like to be able to resist salty or sweet snacks, or just eliminate them completely.

The most troublesome snacks for me are _____.

___ I would like to cut down on the amount of alcohol I drink. Those drinks are so fattening.

___ I think I am over weight because of my mother or father, etc.

___ I normally eat breakfast, but this has not always been true. I have heard breakfast is the most important meal of the day. But it seems (to me) if I eat breakfast, I am hungry all day long.

___ Sometimes, I eat when I am not really hungry. What percent of food do you eat because of true hunger? _____%

___ I sometimes eat when I feel (boredom, depression, anxiety, stress, loneliness, or sad, etc.)

___ I sometimes eat when I feel happy and want to celebrate, or to be social, or just because the clock says that it is time to eat.

___ I have another reason I eat in a way that is preventing me from becoming as slim and lean as I would like to be.

Why I Want to Be Slim and Healthy

Please place a mark next to some of the reasons you want to lose weight. You can add others at the end of the list. The purpose of this form is to learn more about how we can help you.

___ Better health.

___ More energy.

___ Fit into those clothes I wish I could still wear.

___ Improve my career opportunities.

___ Make the clothes I have fit better.

___ More self-confidence.

___ Improve my relationship.

___ Feel better about myself.

___ Shopping would be more fun.

___ Look and feel better in a swimsuit.

___ I want to look good for a special occasion (i.e. wedding or vacation). _____

___ Almost everything in my life would be better.

___ If I lost this weight, I would feel more self-confident and be a better example to others.

___ Other reason(s) not on the list. _____

DELAWARE HYPNOSIS PARTNERS – Benefits of Sessions

Thank you for choosing DELAWARE HYPNOSIS PARTNERS. Please fill out this form. The information will be helpful during your session.

Take a moment to imagine your life one month, six months, even a year from now. How will your life be different once you have achieved your goal? Please list seven of the benefits you expect to gain from making this change in your life.

“By achieving my goal of _____, I am..., I feel..., I have..., etc.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Check as many of the following as it applies to you, and fill in the blank space if appropriate.

___ I often feel that I should be punished for something I once did.

___ I know of a past experience or relationship that could be causing this problem.

___ I am aware of an internal conflict that may be causing part (or all) of my problem.

___ If I get better, I stand to lose _____.

___ If I wasn't so much like _____, I'd be much happier.

If you have any questions about hypnosis or the questions on this form, please write them down here.

Name _____ Date: _____