

Thank You for Choosing Ascension Hypnosis

Welcome to Ascension Hypnosis. 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 hypnotherapist that will be working with you is certified by the National Guild of Hypnotists.

Hypnosis is a very powerful process that has helped thousands of Americans stop smoking. However, hypnosis is not mind control. For example, no one, not even the very best hypnotist, could make stop smoking if you really don't want to. Nor could he or she accurately predict how many sessions it will take. Most people (but not everyone) stop smoking after the very first session and most people are done in two to three sessions. 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 don't guarantee that you will get well. Teachers can't guarantee that you will learn, and lawyers can't guarantee that you will "win" your case. What we can guarantee, here at Ascension Hypnosis, is the very best service, using current information and appropriate hypnotic techniques for your situation.

Clients must make any changes (e.g. rescheduling or canceling their appointment) at least one business day before their appointment or they will be charged for the appointment.

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

Signature _____ Date _____

Confidential Client History Form

Please fill out this form and bring it with you on your first visit. Thank you.

Date _____

Name _____ Home Phone _____ Work Phone _____
Address _____ City _____ State _____ Zip _____
Date of birth _____ Age _____ Sex _____ Marital Status _____
Occupation _____ No. of Children: _____

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

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

If you were referred by a medical professional, do we have your permission to discuss your progress with him/her?
____ Yes ____ No

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

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

Generally, how did it go for you? _____

Reason you are coming for hypnosis _____

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

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

Would you consider yourself a spiritual person? (Circle One) Yes - No - Maybe

Medical History

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

Yes _____ No _____ If so, where? _____ Dr.'s name? _____

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

If "yes", please give reason _____ 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? _____

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

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

Client Signature

*Parent/Guardian Signature

(Signature is required if client is under 18 years old)

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

Stop Smoking Questionnaire

Thank you for choosing hypnotherapy. Please fill out this form. The information will be helpful during your session(s).

1. When did you start smoking? _____
2. How long have you been smoking? _____
3. Have you ever tried to quit before? _____
4. What is the longest period of time that you have stopped smoking? _____
5. What was your level of commitment on a level of 0 to 10? _____
6. What caused you to start smoking again? _____
7. What is your level of commitment now on a level of 0 to 10? _____
8. What has been your greatest challenge when you have attempted to quit smoking in the past?

9. Is there a specific reason why you choose now as a time to quit smoking?

10. Have you decided and is it your intention to stop smoking today? _____

Please list seven of the benefits you expect to gain from making the change you would like to make.

Benefits of making the change you desire.

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 this form or hypnosis, please write them down here.

Thank you for completing this form.

DISCLOSURE STATEMENT

Colorado law requires this form. Please read it carefully, raise any questions that you may have with myself, and sign it.

1. Contact Information : My name is Sheilah Thomas Davis. I can be contacted through my office at 7600 East Arapahoe Road #315, Centennial, CO. 80112 or by telephone at (303) 731-6938.

2. Education and Training : I was trained in hypnotism (or “hypnotherapy”) by the Eastern Institute of Hypnotherapy. I am a member of the National Guild of Hypnotists which requires that I complete annual continuing education to maintain my training at a high level. I also earned certifications in advanced Clinical Hypnotherapy and Neuro-linguistic programming (NLP) through The National Board of Ethical and Professional Standards and am a hypnosis instructor certified by the Society of Experiential Trance.

My highest degree is a Master of Arts in Psychology from Regis University and is accredited by an agency recognized by the United States Department of Education.

The State of Colorado does not license the practice of hypnotism.

3. Redress: The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, certified school psychologists and unlicensed individuals who practice psychotherapy in the state of Colorado.

The agency within the department that has the responsibility specifically for licensed and unlicensed psychotherapists is the Grievance Board, Colorado Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Co. 80202. You may also reach the Grievance Board by telephone at (303) 894-7766.

4. Client Rights and Important Information : You are entitled to ask questions and receive information about my methods of therapy, the techniques I use, duration of therapy, if known, my fee/cancellation structure, and/or anything that seems important to you regarding your hypnosis experience.

You are free to seek a second opinion from another therapist or terminate therapy at any time.

You have the right to refuse hypnotism services at any time.

In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section.

Generally speaking, the information provided by you during therapy is confidential if the therapist is a licensed marriage and family therapist, a licensed social worker, a licensed professional counselor, a licensed psychologist, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client’s consent.

Information disclosed to a licensed marriage and family therapist, a licensed social worker, a licensed professional counselor, a licensed psychologist, or an unlicensed psychotherapist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.

There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado Statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. There are exceptions that I will identify to you as the situations arise during therapy.

I will not release any information to anyone without a written authorization from you, except as provided by law.

You have a right to be allowed access to my written record about you.

If you have any questions or would like additional information, please feel free to ask.

5. Client Signature: During your first appointment, you will be provided with another copy of this document. One is for you to keep and one is for my records. By signing you indicate the following:

I have read the preceding information and understand my rights as a client.

Client's Signature

Date

Counselor's Signature

Date