

# 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 to make the kinds of changes that they want to make in their lives. However, hypnosis is not 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. Most people (but not everyone) begin to experience the benefits (from the very first session) and most people are done in four to six 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.**

## Confidential Weight Loss Questionnaire

Thank you for choosing hypnotherapy. Hypnosis is an effective method of helping you make the kinds of changes you need to make in your life, so you can become slimmer, healthier and happier with yourself. This hypnosis program is very effective, because it is tailored to your needs. Please take a few minutes to fill out this form, so I can serve you better. I will use it during your meeting in order to custom design an appropriate and effective hypnosis program to meet your goals.

Approximately, what is your weight now? \_\_\_\_\_  
What is your goal weight? \_\_\_\_\_

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

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Please place a mark next to the statements below that are true for you. Then, go back through the list, and circle the four or five changes that you would like to make to help you the most toward 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.

\_\_\_ 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**

Now place a mark next to some of the reasons you want to lose weight. You can add other reasons at the end of the list. After all, 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.

\_\_\_\_ More self-confidence.

\_\_\_\_ Shopping would be more fun.

\_\_\_\_ Look and feel better in a swimsuit.

\_\_\_\_ Feel better about myself.

\_\_\_\_ 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.

\_\_\_\_ Another reason or reasons not on the list.

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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.

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**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 receive an identical copy of this document (you may also elect to print a second copy here). 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.**

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<b>Client's Signature</b>	<b>Date</b>
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<b>Counselor's Signature</b>	<b>Date</b>
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