



Regression Hypnosis Certificate Training
Client Intake and Informed Consent

Client Name

Date

Phone

Email

Address

City

State

Zip Code

DOB

Gender

Reason Seeking Hypnotherapy Session

Please Circle If You've Been Diagnosed With:

If you have any of the above conditions, we must have a doctor's written referral to proceed.

Schizophrenia Heart Disease Chronic Depression Epilepsy Bi-Polar

Do you have any mental or behavioral condition requiring treatment by a psychologist or psychiatrist? Please explain and provide a list of medications you are taking:

I, _____, understand that hypnosis is a tool for self-exploration and/or behavioral change. I also understand that all hypnosis is self-hypnosis, and I am in control of the hypnotic state during the session. I understand that hypnotherapy is not a substitute for medical diagnosis and care. I understand that all information on this form is confidential. I enter into hypnotherapy willingly and out of the desire for my own personal journey, behavioral and emotional change. I certify that I am requesting hypnotherapy services on my own initiative and realize that Karen Armstrong does not diagnose or treat ailments or prescribe treatments.

Signature

Date