

Intuitive Transformations Client Intake Form

Name _____

Address _____

City/State _____ Zip _____

Phone (_____) _____ Cell (_____) _____

Email _____ Date of Birth _____

Place of Employment _____ Occupation _____

Male () Female () Single ___ Married ___ Divorced ___ Partnered ___ Widowed ___ Engaged ___ Living Together ___

Religious/spiritual preference _____ Frequency/Involvement _____

Referred by _____ May I thank them? _____

Please list any relevant mental health problems, or medical conditions or history, and medications: _____

Indicate below any issues you would like to address in this or future sessions:

Grief/Trauma Weight Loss Finances Life Purpose Career/Work Issues

PTSD Smoking Spiritual Growth Anger Pain Management

Stress/Anxiety/Worry Self-Esteem Sexual Issues Relationships Fears/Phobias

Self-Sabotage Childhood Abuse Dreams Insomnia Blocks to Progress

Other: _____

What is the primary focus for your visit today? _____

Please understand that all information is held in strict confidentiality to the full extent of the law. It is very important that the hypnosis, FasterEFT, and/or personal success coaching client builds a strong sense of trust with their provider. **If there is anything further you would like to discuss with me before your session or any boundaries that you would like set to ensure your comfort and relaxation, please bring these issues to my attention at the beginning of your session.**

Sylvia A. Henderson, CHt, LMP has permission to use anonymous disclosure of information, results and/or outcomes from my sessions for learning purposes in workshops, with prospective clients and/or in written materials, provided names and information are altered sufficiently to provide significant anonymity.

Please initial as appropriate: I Agree _____ I Do Not Agree _____

Please be advised that payment, by cash, check, or credit card, is expected at the time of service. If paying by PayPal, an invoice must be paid in advance. Please give 24-hour notice of cancellation of appointment. For any appointment missed or canceled without 24-hour prior notification, there will be a one-hour charge to the client.

I understand that Sylvia A. Henderson, CHt, LMP is not Mental Health Counselor, nor is qualified or licensed to give legal, financial, dietary, or medical advice. In addition, I agree that I am solely responsible for any action that I take or refrain from taking in connection with the methods used or topics discussed during my session(s) with Sylvia A. Henderson, CHt, LMP.

I have completed this Client Intake Form to the best of my ability and I have disclosed any mental or physical health problems that may be pertinent to the safe facilitation of a hypnosis, personal success coaching, and/or FasterEFT session. I have also received and read the Washington State Notice to Counseling or Hypnotherapy Clients information and I understand the contents and implications.

Signature _____

Date _____