

## CLIENT INFORMATION

Name : \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Main reason for today's visit? \_\_\_\_\_

Relevant Medical Condition/s: \_\_\_\_\_

Are you currently under a Physician's care for these conditions? \_\_\_\_\_

Current medications \_\_\_\_\_

Physicians name \_\_\_\_\_ Phone \_\_\_\_\_

Are you currently working with a mental health professional? \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Medications you are taking? \_\_\_\_\_

Have you spoken to your doctors about hypnotherapy as an adjunct to your care? \_\_\_\_\_

**Note: If the reason for today's visit is related to a medical concern for which you are receiving treatment, it is necessary to receive your physician/psychologist/ therapists approval to use hypnotherapy as an adjunct to your medical treatment.**

Any sensitivities (dark, heights, water, aromas) \_\_\_\_\_

Favorite Activities, (hiking, reading, surfing) \_\_\_\_\_

Things you enjoy (sunrise, animals, places, music ) \_\_\_\_\_ - \_\_\_\_\_

Positive experiences or successes \_\_\_\_\_

Relevant past challenges: \_\_\_\_\_

Feel free to share any spiritual or religious beliefs or life philosophies that you feel are relevant?

Experiences, feelings or life style habits you would like to Cultivate ( 'exercise in nature', 'feel joy')

### **Limits on Confidentiality of Information**

**Clients have a right to expect that information revealed in sessions not be disclosed without extraordinary justification. The conditions that justify the release of information and by law must be reported to the appropriate agencies, are the following:**

- 1. Knowledge of child abuse or neglect.**
- 2. Knowledge of senior citizen abuse or neglect.**
- 3. A client poses a serious risk of suicide or imminent danger to self.**
- 4. A client poses a threat of imminent danger to another person.**
- 5. By a court issued subpoena, may obtain information.**
- 6. Report to law enforcement authorities knowledge of a felony that has been, or is being committed.**

**In other situations, signed authorization for release of information is required.**

**Client \_\_\_\_\_ Date \_\_\_\_\_**

### **Customary Refund Policy**

**Jonmarie Kaulele refund policy is based on client's satisfaction with their hypnotherapy experience. If a client expresses dissatisfaction with their hypnotherapy sessions, a full refund will be offered to the client. If the client chooses to accept a refund, it will be immediately provided.**

### **Client Complaint**

**If you should have a complaint about the facilitation process that has not been satisfactorily resolved by Jonmarie Kaulele, please feel free to contact the International Board of Hypnotherapy at 2132 Osuna Rd NE, Ste, B Albuquerque, NM 87113. It is your right to refuse any aspect of her services and to seek the service of another provider at any time.**

**Jonmarie Kaulele fee is \$120.00. Sessions are from 45 to 90 minutes in length.**

**Jonmarie Kaulele, International Board of Hypnotherapy Certification Number: FO410-035**

**Jonmarie Kaulele provides the following services: Hypnotherapy, Self-Hypnosis Training.  
Jonmarie Kaulele, International Board of Hypnotherapy Certification Number: FO410-035**

**Hypnotherapy is an educational process that facilitates access to internal resources that assist people in solving problems, increasing motivation, or altering behavior patterns to create positive change. Education and training in Hypnotherapy is classified under Human Services in the Health and Human Services Division of the Classification of Instructional Programs by the United States Dept. of Education.**

**I understand that all services provided by Jonmarie Kaulele are for educational and self-improvement purposes only. I further understand that Jonmarie Kaulele does not practice psychotherapy or medicine. Her services are not the practice of psychotherapy, psychiatric or medical treatment. Consultation and/or referral from a licensed physician of mental health professional may be required before hypnotherapy services are provided.**

**Client \_\_\_\_\_ Date \_\_\_\_\_**

**Jonmarie Kaulele, International Board of Hypnotherapy Certification Number: FO410-035**