

HYPNOSIS WORKS!

Dan Perez, Hypnotist

Welcome!

**Thank you for printing out this form.
Please fill it out and bring with you to your appointment.**

You can reach me at 713-657-0785 in Houston

or toll-free at 800-481-5949

My website is www.danperezhypno.com

Confidential Client Information

Full Name _____

Address _____

Day Phone _____ **Evening Phone** _____

EMAIL: _____

Employer: _____

Occupation/Current work: _____

Education: _____

Age: _____ **Birthdate:** _____ **Marital Status:** _____

Date of Last Physical Exam _____

Physician name: _____

Physician mailing address: _____

Physician phone: _____

HYPNOSIS WORKS!

713-657-0785 (local) 800-481-5949 (toll free)

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Therapist name: _____

Therapist mailing address: _____

Therapist phone: _____

Emergency Contact: _____ **Phone:** _____

Drivers Lic. # _____

Please note any medication or other preparations (e.g. megavitamins) and daily dosage:

What specific topic or situation brings you in? (Summarize briefly)

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Here is a list of life-experiences and common difficulties which often lead people to seek professional assistance. Please check all those you feel may also apply to you. You may add any items we missed.

<input type="checkbox"/> Alcohol Use	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Self Motivation
<input type="checkbox"/> Artist's Block	<input type="checkbox"/> Lying/Cheating	<input type="checkbox"/> Sexuality
<input type="checkbox"/> Anger	<input type="checkbox"/> Money Worries	<input type="checkbox"/> Shyness
<input type="checkbox"/> Communication	<input type="checkbox"/> Motion Sickness	<input type="checkbox"/> Stress/Tension
<input type="checkbox"/> Depression	<input type="checkbox"/> Phobias	<input type="checkbox"/> Weight Control
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Residual/Chronic Pain	<input type="checkbox"/> Work Problems
<input type="checkbox"/> Eating Problems	<input type="checkbox"/> Relationships	<input type="checkbox"/> _____
<input type="checkbox"/> Everyday Fears	<input type="checkbox"/> Relaxation	<input type="checkbox"/> _____
<input type="checkbox"/> Guilt Feelings	<input type="checkbox"/> School Problems	<input type="checkbox"/> _____

Supplemental Information

To help us make the most of the time available to you, please complete each of the items below. If an item does not apply to you, just write: N/A.

Your thorough and honest responses will help us provide more efficient and effective service to you.

•If presently married, how many years with current spouse?

•First names of prior spouses, and number of years with each:

•Children and ages:

•Note any conditions requiring your hospitalization or outpatient treatment over the last three years. Include approximate dates.

•Currently in treatment for: _____

Doctor's name & location: _____

Your family's history may also be of value. Please check any of the following that apply to your blood relatives:

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Supplemental Information, continued

- ☐ Problem drinking or alcoholism
- ☐ Substance abuse or drug addiction
- ☐ Suicide or frequent attempts
- ☐ Depression or other emotional problems
- ☐ Difficulties requiring institutionalization
- ☐ History of physical or sexual abuse

- If you smoke or use tobacco, how much do you consume on an easy day? On a difficult day?
- If you use alcohol, what form and how much do you consume on an easy day? On a difficult day?
- If you use mood-altering drugs (Valium, pot, diet pills, etc.) how much do you consume on an easy day? On a difficult day?
- If you use food to relieve tension, loneliness, or unhappiness how much do you consume on an easy day? On a difficult day?
- How many easy days do you usually have per week? How many difficult days?

Preliminary Questions

How did you happen to hear about us?

Have you ever been in counseling or psychotherapy? If so, how long and with what results?

What would you say is your main concern at this time?

What would you be willing to let go of or give up to handle this concern, problem or situation?

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Preliminary Questions, continued

What would you NOT be willing to let go of or give up to handle this concern, problem or situation?

Have you ever been in hypnosis? If so, under what conditions?

Have you ever seen anyone hypnotized? How did you feel about that and how did others around you respond?

Describe two (2) of your favorite scenes or places which symbolize to you good feelings such as peace, contentment or relaxation. Focus on sights, sounds, smells, temperature, movement, tastes, feelings on your skin (wind, clothing, etc.) and any other sensations or emotions each scene evokes in you. Be as detailed as you can.

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Rate the following statements by checking one of the boxes for each, ranging from **Almost Never** to **Almost Always** as it applies to you.

There are no trick questions, so just give your honest response to each of them.

	Almost Never	Very Rarely	Quite Often	Almost Always
In my present situation, I feel like I'm walking on eggshells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External stresses have a serious effect on me and my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I make arrangements, I end up breaking them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try hard not to be wrong or foolish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My sexual partner(s) seem(s) selfish or distant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think about harming or killing myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When something goes badly, I know just who to blame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People close to me disapprove of how I live my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think about getting other people for what they do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I clearly express my feelings of love, fear and anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As I look back, my life has been satisfying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy reading and lively, intelligent conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take at least a half-hour for myself daily to meditate reflect or pray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel valued by those around me for who I am and what I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am comfortable alone without any distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get out and around to do the things that I enjoy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe in hypnosis or focused awareness can be helpful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In completing these items, I have been honest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Client Hypnosis Session Agreement

In requesting professional consultation and assistance, I understand that to be successful I must be entirely willing to:

★Recognize that my health and well-being depend directly on how well I care for myself emotionally, physically, intellectually and spiritually;

★Acknowledge that my feelings, thoughts, images and desires - conscious or subconscious - ultimately determine the course of every action and relationship in my life;

★Accept responsibility for myself, my choices and actions, and for life's outcomes, because from day to day, I knowingly or unknowingly create them;

★Agree to be on time for my appointments, meet my financial obligations promptly (including any sessions missed without 24-hour notice) and participate wholeheartedly in the work I am undertaking.

I know my heartfelt commitment is an important first step in my work here and my signature below underscores that commitment. If , in all good conscience however, I cannot align myself fully with each statement above I have initialed each acceptable item rather than signing at this time and agree to discuss in detail any reservations that I may have.

Client signature

Date

My Commitment To My Clients

In order to support you in deriving maximum benefit from our scheduled time together I agree to:

★Use the best of my abilities and expertise to facilitate such changes as are mutually agreed to be in your best interest and in no way harmful to you;

★Work diligently to ensure as best I can that all suggestions given are positive in direction, beneficial in nature and presented within a context of health and well-being;

★Refrain from using your trust to satisfy any personal needs I may have outside the working relationship established here;

★Offer you my undivided attention and professional assistance during our scheduled consultations;

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My Commitment to My Clients, continued

★ Inform you immediately if, in my judgment, you would be better served by another professional or an alternative means of reaching your objectives.

★ I am personally committed to assisting you in the shortest possible time and at the lowest possible cost, and in mobilizing your resources to achieve maximum results.

A handwritten signature in black ink that reads "DAN PEREZ". The signature is stylized, with "DAN" on the top line and "PEREZ" on the bottom line, connected by a long horizontal stroke.

NOTICE: I am not a medical doctor nor a licensed health care provider and cannot provide a medical diagnosis nor recommend discontinuance of medically prescribed treatments.

Hypnosis is not a replacement for medical treatment, psychological services or counseling. If a client desires a diagnosis or any other type of treatment from a different practitioner, the client may seek such services at any time. In the event my services are terminated by a client, the client has a right to coordinated transfer of services to another practitioner. A client has a right to refuse hypnotism services at any time. A client has a right to be free of physical, verbal or sexual abuse. A client has a right to know the expected duration of sessions and may assert any right without retaliation.

Financial and Confidentiality

Fees: My fees are listed on the Services and Fees page of my website, www.danperezhypno.com. Introductory sessions are \$250 and the hourly rate after that is \$190. Discount packages of sessions are available: see my website for rates. If a package of sessions is purchased and the client elects not to use all the sessions, no partial refund can be made. Unused sessions are not transferable.

Deposit: A deposit of \$50 is required to hold your appointment. If you don't show up to the first appointment without the required 24 hours notice, the deposit is non-refundable. The deposit will be deducted from the overall price quoted for a package session. For instance, if you purchase a \$350 package of sessions and pay the \$50 deposit in advance, the balance of \$300 will be due at your first session.

Financial and Confidentiality, continued

Cancellation: If you miss a session without giving 24 hours notice, that session is considered to be used. Example, if you miss the second session of a four-session program without notice, your next session is considered to be your third session. By signing below you agree to the policies listed above.

Confidentiality: Matters regarding client sessions will be kept confidential except in the following circumstances: The client grants the hypnotist specific permission to release information to a specific individual or agency; child abuse; the client is an imminent danger to self or others; or in the case of the subpoena of records. Any information shared is kept confidential. From time to time, the hypnotist may also consult with other colleagues, but in this circumstance, clients are not identified by name. Initialing below constitutes giving permission for such consultations.

Sessions at Hypnosis Works may be audio- or video-recorded for archival, security, and ongoing professional development purposes. Recordings of sessions will be kept confidential and will be viewed only by Dan Perez and select professional colleagues he consults with, except in the following circumstances: The client grants the hypnotist specific permission to release information to a specific individual or agency; child abuse; the client is an imminent danger to self or others; or in the case of the subpoena of records. Recordings will not be shared publicly for educational, promotional, or any other purposes without the client's express permission. All guarantees of confidentiality remain in place and are extended to professional colleagues with whom Dan Perez consults. Initializing below constitutes giving permission to audio- or video-record only for archival, security, and ongoing professional development purposes.

Initials: _____

Insurance: Unfortunately, hypnosis services are usually not covered by insurance. I can give you a letter requesting reimbursement that some insurance companies may honor. I suggest you think about your hypnosis sessions as a financial investment in yourself and your own self-improvement.

Client Signature:

I have received and read this document and I understand what I have read.

PRINT NAME _____

SIGNATURE

DATE

VISIT THE HYPNOSIS WORKS! WEBSITE AT WWW.DANPEREZHYPNO.COM