

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 _____

Parent/Guardian Day Phone _____ **Evening Phone** _____

Parent/Guardian EMAIL: _____

**Child's
Education:** _____

Child's Age: _____ **Birthdate:** _____

Date of Last Physical Exam _____

Physician name: _____

Physician mailing address: _____

Physician phone: _____

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Therapist name: _____

Therapist mailing address: _____

Therapist phone: _____

Presenting Issue: _____

Parent's Story: _____

How the child sees it: _____

Family Facts: _____

Influences that affect the issue: _____

What other kinds of therapies have been tried?: _____

Other Comments: _____

Goals for Hypnosis: _____

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CHILD HISTORY QUESTIONNAIRE

Purpose: The purpose of this questionnaire is to obtain a comprehensive picture of your child's background. By completing these questions as fully and as accurately as you can, you will facilitate your child's hypnosis program. This questionnaire will help save you both time and expense.

How did you hear about Hypnosis Works? _____

Child's name: _____

Parents'/Guardians' names:

1. _____

2. _____

Phone (Home): _____

Phone (Work): _____

Address: _____

City: _____

State: _____ Zip: _____

Child's Education (Grade): _____ Present School: _____

With whom is the child now living? (list relationship to child, names, and ages)

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Identification of Presenting Issue

State in your own words the reason for your child's visit (parent's story):

How long have these issues occurred? _____

What happened that causes you to seek help at this time? _____

Concerns perceived to be:

☐ Very Serious

☐ Serious

☐ Not Serious

What are your expectations of your child? _____

What changes would you like to see in your child? _____

What changes would you like to see in yourself? _____

What changes would you like to see in your family? _____

How strongly do you want therapy to resolve these issues?

☐ Very much

☐ Much

☐ Moderately

☐ A little

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Check any of the following that apply to your child:

- | | | |
|--|---|---|
| <input type="checkbox"/> headaches | <input type="checkbox"/> depressed mood | <input type="checkbox"/> can't concentrate |
| <input type="checkbox"/> can't make friends | <input type="checkbox"/> home conditions bad | <input type="checkbox"/> dizziness |
| <input type="checkbox"/> loss of interest | <input type="checkbox"/> can't make decisions | <input type="checkbox"/> shy with people |
| <input type="checkbox"/> financial problems | <input type="checkbox"/> fainting spells | <input type="checkbox"/> decreased appetite |
| <input type="checkbox"/> increased appetite | <input type="checkbox"/> feeling lonely | <input type="checkbox"/> can't keep job |
| <input type="checkbox"/> palpitations | <input type="checkbox"/> weight loss/gain | <input type="checkbox"/> low self-esteem |
| <input type="checkbox"/> doesn't like weekends | <input type="checkbox"/> trouble with the law | <input type="checkbox"/> feels tense |
| <input type="checkbox"/> trouble sleeping | <input type="checkbox"/> doesn't like vacations | <input type="checkbox"/> inferiority |
| <input type="checkbox"/> nightmares | <input type="checkbox"/> compulsive spending | <input type="checkbox"/> unable to relax |
| <input type="checkbox"/> irritability | <input type="checkbox"/> flashbacks | <input type="checkbox"/> over ambitious |
| <input type="checkbox"/> emotionally abused | <input type="checkbox"/> feels panicky | <input type="checkbox"/> alcohol |
| <input type="checkbox"/> fatigue/loss energy | <input type="checkbox"/> peer conflict | <input type="checkbox"/> trouble with parents |
| <input type="checkbox"/> stomach trouble | <input type="checkbox"/> drugs | <input type="checkbox"/> thoughts about suicide |
| <input type="checkbox"/> compulsive eating | <input type="checkbox"/> physically abused | <input type="checkbox"/> bowel disturbance |
| <input type="checkbox"/> short temper | <input type="checkbox"/> trouble at school | <input type="checkbox"/> trouble with teachers |
| <input type="checkbox"/> sexual problems | <input type="checkbox"/> health problems | <input type="checkbox"/> feelings of guilt |
| <input type="checkbox"/> anger | <input type="checkbox"/> trouble with the law | <input type="checkbox"/> sexually abused |
| <input type="checkbox"/> allergies | <input type="checkbox"/> physically aggressive | <input type="checkbox"/> trouble with children |
| <input type="checkbox"/> problems with leisure | <input type="checkbox"/> chronic pain | <input type="checkbox"/> procrastination |
| <input type="checkbox"/> perfectionism | <input type="checkbox"/> feeling rejected | <input type="checkbox"/> takes sedatives |
| <input type="checkbox"/> fears | <input type="checkbox"/> too little exercise | <input type="checkbox"/> lacks initiative |
| <input type="checkbox"/> impulsive | <input type="checkbox"/> stubborn | <input type="checkbox"/> disobedient |
| <input type="checkbox"/> bedwetting | <input type="checkbox"/> overactive | <input type="checkbox"/> school performance |
| <input type="checkbox"/> daydreaming | <input type="checkbox"/> fearful | <input type="checkbox"/> time/recreation |
| <input type="checkbox"/> short attention span | <input type="checkbox"/> distractible | |

☐ other _____

Health Information

Current Health Status: _____

Illnesses and significant injuries: _____

List any medication your child is taking: _____

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Health Information, continued

List any allergies: _____

Height: _____ Weight: _____ Highest past weight: _____

How is your child's diet? _____

How is your child's sleeping pattern? _____

Indicate current and past drugs, alcohol, and tobacco use: _____

Background Information

Where was your child born? _____

Was it an uncomplicated birth? _____

If not, describe the complications: _____

Has your family moved or relocated? _____

Interests and hobbies: _____

Is your child bullied or given a nickname? _____

Does your child have many friends? _____

Has your child ever been physically, sexually, or emotionally abused? If so, please explain: _____

Family's religious/spiritual preference: _____

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Family Data

Father's name: _____ Age: _____

If deceased, cause of death: _____ Child's age at time: _____

Mother's name: _____ Age: _____

If deceased, cause of death: _____ Child's age at time: _____

Parents marital history:

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ other

Step-parents' marital history:

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ other

If Child Is Adopted

Adoption source: _____ Age when child first in home: _____

Date of legal adoption: _____

Reason and circumstances: _____

What has the child been told? _____

Siblings

Name	Age	School/Occupation	Marital Status
------	-----	-------------------	----------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
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Relationship with brothers/sisters (past/present):

Does the child share a room with anyone else? ☐ Yes ☐ No

If yes, with whom? _____

Additional Information

Has your child ever been hypnotized? ☐ Yes ☐ No

Please give a brief description of your child: _____

Is there any other information or concerns you would like me to know? _____

By signing below, I agree that I have given accurate information pertaining to the questions asked above. I am also stating that I have **legal custody** of the child whom I am bringing to the hypnotist.

Legal Parent/Guardian Signature _____

Date _____

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Client Hypnosis Session Agreement

In requesting professional consultation and assistance with hypnosis, I understand that for the sessions to be successful I must be entirely willing to:

- ★ Be fully supportive of my child's experience with hypnosis;
- ★ Encourage my child to do his or her hypnosis homework, including spoken affirmations, listening to hypnosis recordings, etc.;
- ★ Agree to be on time for our appointments, meet my financial obligations promptly (including any sessions missed without 24-hour notice) and participate wholeheartedly as needed to help my child.

Dan Perez's Commitment To His Clients

In order to support your child 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 your child;
- ★ 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 or your child's 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
- ★ Inform you immediately if, in my judgment, your child would be better served by another professional or an alternative means of reaching your objectives.
- ★ I am personally committed to assisting your child in the shortest possible time and at the lowest possible cost, and in mobilizing your child's 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.

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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.

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 if child abuse is suspected; 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 professional colleagues, but in this circumstance, client's child will not be identified by name. Signing 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 accessed 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; if child abuse is suspected; 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 written permission.

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All guarantees of confidentiality remain in place and are extended to professional colleagues with whom Dan Perez consults. Signing below constitutes giving permission to audio- or video-record for purposes listed above.

Insurance: Unfortunately, hypnosis services are usually not covered by insurance. I can give you a letter requesting reimbursement that some insurance companies may honor. Otherwise I suggest you think about your child's hypnosis sessions as a financial investment in your child's healthy development and improvement.

Client Signature:

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

PRINT NAME _____

SIGNATURE

DATE

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