



CLEAR LIFE RESULTS HYPNOTHERAPY



Stephanie C. Conkle, B.A., C.C.H.

224 Creekstone Ridge
Woodstock, GA 30188

New Client Intake Form

Please fill out completely.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date: _____ Date of Birth: _____ Age _____

Best Phone: _____ Secondary Phone: _____

Best Email: _____ Secondary Email: _____

Emergency Contact Name and address: _____

Emergency Contact Phone: _____ Secondary Phone: _____

Is this your first time being hypnotized? Y N

If No, how was your previous experience(s)? _____

Occupation: _____ Employer: _____

Marital Status: M ___ S ___ D ___ Sep ___ W ___

Spouse's Name: _____

Children: (How many/Ages)? Male(s) _____ Female(s) _____

Well-loved pets? (Types/Names) _____

Hobbies and interests: _____

Please answer the following questions

1. Where did you hear about CLR? (Please check all that apply.) Clear Life Results Website Yelp Facebook Twitter Healthy Life Centers Other Website Newspaper article/ad, brochure, or other marketing materials: _____

2. When you have benefitted from my hypnosis, would you email me a short testimonial? Y N

3. Have you read the Frequently Asked Questions sheet or the FAQ tab on my website? Y N

4. Are you comfortable riding in elevators? (Metaphor may be used for an induction) Y N

5. Read the following description and indicates the ways you pick up on the following metaphor:

“Imagine or pretend that you are looking down at your feet and notice you are walking along a dirt trail. You see little tufts of grass, flowers, and rocks along a winding path through a thick green forest. Now imagine it is a sunny day and you can feel the gentle sun rays beating down on your face gently warming it. You also feel smooth rocks under your feet and notice a cool breeze blowing gently, lightly caressing your skin, wisping through your hair. You know a little babbling brook is off in the distance. Now listen to the birds singing a cheerful working melody while building their nests in the tall rustling trees. You can sense that you are coming up to a rushing waterfall just around the bend. Now turn the corner...”

Please check all that apply and circle your strongest modality:

I see the waterfall cascading over the ledge. (Visual)

I feel the mist from the waterfall spraying my skin. (Kinesthetic)

I hear the loud rushing water flowing over the ledge. (Auditory)

6. Please check all that apply and circle the best answer below:

I am mostly creative. (This includes problem-solving).

I am mostly analytical.

I am mostly social.

Other. Please explain: _____

7. My dominate hand is my left/right/neither. L R A

8. I mainly consider myself a “spiritual-belief-based” or “logical-evidence-based” person. Please explain. (Use back of sheet if necessary).

Payment Method

How will you be paying? Cash Personal Check Credit Card PayPal Other _____

(Fill out below if you prefer to pay via credit card, or purchase via PayPal directly from website.)

Credit Card Information

(If requested, this page will be shredded within a week of your last session.)

Name as it appears on card: _____

Address linked to card: (write 'same' if it is the same as above) _____

Credit Card Type: Visa MasterCard American Express Discover

Card Number: _____

Expiration Date: ____/____/____ Card Verification Number _____

Zip code linked to card: _____

Terms & Conditions

NOTE: Hypnotist/Hypnotherapist/Practitioner are used interchangeably in the following document.

1. I have been advised by Stephanie C. Conkle, BA, CCH (Certified Clinical Hypnotherapist), the scope of hypnosis/hypnotherapy practice and I give my full consent to receiving hypnosis/hypnotherapy sessions by Stephanie C. Conkle, BA, CCH, in today's session and in any future sessions.
2. I understand that results vary and that the above name practitioner may not guarantee results.
3. I understand that Hypnosis/Hypnotherapy is not a replacement for medical treatment, psychological or psychiatric services or counseling. I also understand that the Hypnotist/Hypnotherapist does not treat, prescribe for or diagnose any condition.
4. I understand that the practitioner is a facilitator of hypnosis or hypnotherapy and is not practicing any other profession that requires a license under the laws of the State of Georgia.
5. I am aware and understand that in some cases it may be necessary for the practitioner to respectfully touch my shoulders, hands, wrists, arms, legs, sternum, face, or forehead in order to assist me in relaxation. I give the practitioner permission and consent to do so in order to help me establish a beneficial state of hypnosis.
6. I have been advised that I am free to terminate any or all sessions at any time. I have agreed to participate in each session to the best of my ability.
7. I have accurately provided background information as requested by the hypnotist/hypnotherapist.
8. I understand that confidentially regarding my sessions will be honored between Stephanie C. Conkle and me. This same confidentially is respected when working with minors under the age of eighteen.
9. I understand that, depending on the state of my mental health, further psychiatric treatment by may be needed and will be suggested to me and documented by Ms. Conkle if she determines my situation to be outside the scope of hypnoanalytic counseling and hypnotherapy.
10. I agree to pay Stephanie C. Conkle, LLC, DBA, Clear Life Results Hypnotherapy, for all services rendered in a timely fashion if working with a payment plan; otherwise, I understand all monies are due on or before each session unless other arrangements have been made in writing. I understand that all pre-paid sessions must be used within 180 days of today's date.

I agree to all the terms listed above:

Client's signature _____ Date _____

Guardian's signature (if client is a minor) _____ Date _____

Disclosure Statement

CONFIDENTIALITY

Matters regarding your sessions will be kept confidential except in the following circumstances: You grant me specific permission to release information to a specific individual or agency; child abuse; you are 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 I also consult with other colleagues, but in this circumstance clients are not identified by name. Your signature below constitutes you giving permission for such consultations.

FEES AND PAYMENTS

The charge for General Hypnotherapy is \$125 per hour. It costs \$250 for the initial two (2) hour session unless I'm running a special discount, group discount, or third party discount, which will be identified on my website or via coupon. Package deals usually are cheaper per session. Payment is due before each session or upon the conclusion of each session. It is your responsibility to obtain information about your insurance coverage and submit your own insurance forms. List any Coupon/Web Discount/or Package Deal here if applicable: \$_____.

CANCELLATIONS

Since I have reserved our appointment time for you, it is my policy to charge for cancellations received less than 24 hour notice unless we are able to reschedule the appointment within the same week. Insurance companies generally do not reimburse for failed appointments.

REPORTS AND PHONE CALLS

There is no charge for email correspondence and brief calls. Calls lasting longer than 20 minutes will be charged and billed to the client on a prorated basis for \$1.25 per minute. Reports requested by insurance companies or physicians will not be released without your permission, and a \$25 processing fee may be applied.

I agree to all the terms listed above:

Client's signature _____ Date _____

Guardian's signature (if client is a minor) _____ Date _____

Client Assessment

What is your presenting issue(s) for seeking hypnotherapy today?

When and under what circumstances did this issue begin?

How has this affected your life and what specifically about your issue is leading you to seek help?

What other kinds of therapies have you tried? Please explain.

What life-style or attitude changes have been, at least partially, successful?

What other issues, either linked or not linked, to the presenting issue do you need help with?

Do you associate any of these emotions with your issue? Check all that apply. (If you're not sure, just "go with your gut" and use your intuition.)

- ❖ Abandonment____
- ❖ Anger____
- ❖ Anxiety____
- ❖ Boredom____
- ❖ Depression____
- ❖ Embarrassment____
- ❖ Fear____
- ❖ Femininity____
- ❖ Frustration____
- ❖ Glamour____
- ❖ Grief____
- ❖ Happiness____
- ❖ Loneliness____
- ❖ Loss____
- ❖ Masculinity____
- ❖ Relaxation____
- ❖ Romance____
- ❖ Sadness____
- ❖ Satisfaction____
- ❖ Shame____

Please draw a tree in the box below. (There is no "right" or "wrong" way to do this.)



MEDICAL HISTORY

Have you ever been diagnosed with a mental illness? If yes, please explain:

Have you been under regular medical or psychological treatment in the past year? If yes, please explain:

Have you ever been treated for an emotional/behavioral problem? If yes, please explain:

Have you had or do you now suffer from any prolonged illness? If yes, please explain:

List all current medications you are taking:

Please provide the name(s) and contact information of your current doctor(s) and/or therapist(s):

By signing below, I give Stephanie Conkle, C.Ht. permission to contact my doctor(s) and/or therapist(s).

Client's signature _____ Date _____

Guardian's signature (if client is a minor) _____ Date _____

Have you had or are you suffering from:

High Blood Pressure ____ Ulcers ____ Asthma ____ Stress ____ Epilepsy ____ Anxiety ____
Migraines ____ Diabetes ____ Heart Condition ____ Cancer ____ TMJ ____ Overweight ____
HIV/AIDS ____ Depression ____ OCD ____ ADD ____ Hypoglycemia ____ Fainting Spells ____ Food
Allergies ____ Fatigue ____ Arthritis ____ Spine or Back Problems ____ Other _____

Are you pregnant? Yes ____ No ____

Drink Alcohol? No ____ Occasionally ____ Moderately ____ Daily ____

Smoke? Yes ____ No ____

If yes, do you smoke cigarettes? ____ Cigars? ____ Pipe? ____ Chew? ____

How much per day? _____

How many hours of sleep do you get per day on average? _____

I, the undersigned, understand all questions and verify that all information is complete and accurate to the best of my knowledge. I also understand that the hypnotic methods used by Hypnotist(s) of Clear Life Results Hypnotherapy are not a substitute for medical or psychiatric treatment. I understand these methods to be a conditioning process, whereby an individual is taught to use their own abilities for their benefit and wellbeing. With this understanding, I hereby grant the Hypnotist(s) of Clear Life Results Hypnotherapy permission to hypnotize me or the minor child whose name appears at the top of this form. I (we) further grant permission for the sessions to be recorded/taped as needed.

I know my progress is dependent upon my efforts and that there are no guarantees as to the result or progress to be made. I understand that the success of the treatment will be in direct proportion to my commitment to the end result.

I (we) agree to pay for services rendered to the above named client as the charge is incurred.

By signing this document, I am confirming that all information is true to the best of my knowledge, and I agree to all the terms listed above:

Client's signature _____ Date _____

Guardian's signature (if client is a minor) _____ Date _____

ALL INFORMATION IS STRICTLY CONFIDENTIAL

WHAT THE CLIENT SHOULD EXPECT FROM ME

Because you have decided to become a client of mine, I owe you some things:

- You should expect me as your hypnotist to schedule appointments and live by them.
- You should expect me as your hypnotist to worry about you at a higher level than you worry about yourself, as if you were a member of the family.
- You should expect me as your hypnotist to perform at such a level of professionalism that the work will be superlative and endure.
- You should expect me as your hypnotist to be respectful.
- You should expect me as your hypnotist to be well trained and current.
- You should expect me as your hypnotist to speak to you in plain English and not use jargon.
- You should expect me to explain anything you do not understand clearly, and to answer any and all questions with patience and understanding.

Although I do not diagnose or prescribe, nor tell people what to do, in the course of our treatment sessions. I suggest, educate, motivate and inspire people to get well. I do not provide physical or mental therapy.

I am not a doctor or psychological counselor. Any suggestions or advice are general and should not be interpreted as a substitute for consulting with medical or mental health professionals. Accordingly, I take no responsibility for the consequences of any actions you might decide to take based on any comments or opinions I may express in the course of your visit.

Confidentiality: I will not release any information to anyone without a written authorization from you, except as provided for by law.

Client signature

Date

WHAT IS EXPECTED OF THE CLIENT

Likewise, because you have decided to become a client of mine, you owe me some things as well:

- When you make an appointment keep it.
- You respect the fact that we are in this together, and that we are going to keep you healthy and strong, so that you will live a happy and prosperous life.
- If you have any dissatisfaction, you will respect me enough to tell me.
- If you are dissatisfied, you do not stay with me, as I do not deserve you.
- When you are satisfied with my performance on your behalf, with the results of my professional services, then you agree:
 1. You will pay for your services at the agreed upon time.
 2. When you are satisfied with the results I promised you, you will consider referring to me two people of comparable quality to yourself. This is the greatest compliment you can pay me. Referring is not just about giving me their names; it means when you speak with them you can tell them just how good your life has become, and how you want them to have this same experience, and that they can call me for a free consultation to answer any questions they might have.

Client signature

Date

Referrals

Can you think of anybody else who would be interested in bettering their life through hypnosis? I give gift cards for referrals who sign up with me under your name, whether I contact them or you send them my way, as a thank you. Check whether you would you prefer a Publix Grocery Card, Quick Trip Gas Card, or Starbucks gift card.

Publix _____ Kroger _____ Quick Trip _____ Starbucks _____

Referral #1 Name/phone: _____

Referral #2 Name/phone: _____

Referral #3 Name/phone: _____

Thank you for coming today and treating yourself to a healthier, happier life! Once you see how quickly and effective hypnosis works, you will want to make hypnotherapy a regular part of your healthy lifestyle. 😊