



Stephanie C. Conkle
Certified Clinical Hypnotherapist

2547 Holly Springs Parkway
Holly Springs, GA 30115

New Client Intake Form

Please fill out completely.

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age _____

Best Phone: _____

Secondary Phone: _____

Best Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Is this your first time being hypnotized? Y N

If No, how was your previous experience?

Occupation: _____ Employer: _____

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

Spouse's Name: _____

Children: (How many/Ages?) _____

Well-loved pets? (Types/Names): _____

List all of your 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
 Google Facebook Friend/Family _____ Healthy Life Centers Psychology Today
 Dao Cloud Article/ad, brochure, or other marketing materials: _____

2. May I use a testimonial only after you are completely satisfied? Y N

3. What type of learner are you primarily? (If you're not sure, just go with your gut.)

Visual

Kinesthetic/Feeler

Auditory

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

Creative

Analytical

Social

Problem Solver

Introverted

Extroverted

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

8. Your belief systems are vital and will be respected. It's important for me to know what they are before we begin the first session. I mainly consider myself:

Atheist/non-theist/agnostic

Religious (either practicing or non-practicing)

Spiritual (but not necessarily religious)

Please explain:

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 \$300 per single-session 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: \$_____. Special sessions, like Past Life Regression may cost more as more time is generally needed to conduct those sessions.

CANCELLATIONS

Since I have reserved our appointment time for you, it is my policy to charge \$50 for cancellations received less than 48-hour notice. I may waive it in cases of emergencies if 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 may 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 _____

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):

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? _____

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

Terms & Conditions

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

1. I have been advised by Stephanie C. Conkle, BA, CHt (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 understand that the sessions may be recorded at the discretion of Stephanie C. Conkle and I give my permission to be written, audio, and/or video recorded. Stephanie will keep the recordings confidential unless I otherwise authorize permission to share or where provided for by law.
6. 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.
7. 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.
8. I have accurately provided background information as requested by the hypnotist/hypnotherapist.
9. I understand that confidentiality regarding my sessions will be honored between Stephanie C. Conkle and me. This same confidentiality is respected when working with minors under the age of eighteen.
10. 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.
11. 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.
12. I understand that all pre-paid sessions must be used within 180 days of today's date and any unused are non-refundable but may be transferred.

I agree to all the terms listed above:

Client's signature _____ Date _____

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

WHAT YOU 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

WHAT IS EXPECTED OF YOU

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.