

Welcome to



Please PRINT CLEARLY and fill out the form COMPLETELY

Client

Full Name _____ Date of Birth _____

Sex: F M Age: _____ Relationship Status: Single Married Divorced Committed Partnership Widowed

Occupation _____

Home phone _____ Work phone _____ Cell phone _____

Email Address: _____

I authorize any representative of A New Day Hypnosis to leave a message regarding my schedule:
on my home answering machine w/ family member _____ at work
on my cell phone

Payment of Services to A New Day Hypnosis

The person signing this agreement will be the responsible party for payment of services. Please provide their address and printed name, and indicate the relationship to the client--write "self" if you are the client.

I understand that I am responsible for any balance on the account and/or collection costs and legal fees incurred in any attempt to collect said balance.

AUTHORIZED PERSON'S SIGNATURE

Signed _____ Date _____

Printed Full Name _____ Relationship to client _____

Address: _____

City: _____ State _____ Zip _____

PHYSICIAN:

Name of Primary Care Physician _____

Phone # _____

Address _____

City/State/Zip _____

May we share information with your Physician? YES NO _____

Your Signature

REFERRAL SOURCE

How did you learn of our practice?

- | | |
|---|--|
| <input type="checkbox"/> citysearch.com | <input type="checkbox"/> doctor/ friend referral _____ |
| <input type="checkbox"/> yahoo local | <input type="checkbox"/> austin newcomer guide |
| <input type="checkbox"/> google maps | <input type="checkbox"/> craigslist.com |
| <input type="checkbox"/> the yellow pages | <input type="checkbox"/> flyer |
| <input type="checkbox"/> yellowpages.com | <input type="checkbox"/> drove by |
| <input type="checkbox"/> superpages.com | <input type="checkbox"/> other (please specify) _____ |



Name _____ Today's Date _____ DOB _____

Phobia Assessment

- 1) How long have you suffered from this fear?
 - a) 1-5 years
 - b) 5-10 years
 - c) 10-20 years
 - d) As long as I can remember

2) Briefly describe the first time that you experienced this fear.

3) What types of situations are likely to pose the most difficulty for you?

4) I think I need

- a) a very structured, regimented program
- b) a semi-structured program
- c) give me the basics and I can figure it out
- d) other [please describe} _____

5) The ideal amount of assistance you believe you need:

- a) very little involvement, I can do this on my own for the most part
- b) lots of assistance and attention, I often hit roadblocks and need support to get me back on track
- c) a moderate amount of assistance, I'm able to maintain my behaviors for the most part, but need some help from time to time when things get tough.

6) Briefly describe a typical day in your life with special attention to where and when you respond to your phobia.

7) Please describe what happened the last time you committed to stopped your behavior. How long did you stay involved with it?

8) What has kept you from overcoming this phobia up to now?

9) In what ways is this phobia limiting you in your lifestyle?

How frequently do these thoughts pop into your mind?

Use the 5 point scale:

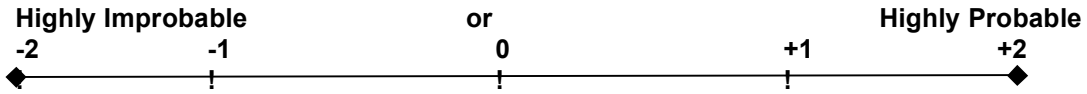
- _____ I'm so weak
- _____ I can't get started
- _____ I wish I could have more respect for myself
- _____ nothing feels good anymore
- _____ I'm worthless
- _____ there must be something wrong with me
- _____ I can't finish anything
- _____ I knew I could do it

_____ I look forward to new challenges

_____ I take it as it comes

_____ I can handle the situation

For next questions rate your answers as:



_____ I will carry through my responsibilities successfully

_____ No matter how hard I try, things just won't turn out the way I would like

_____ My motivation will decline over time and I will not stay the course

_____ I will become demoralized and abandon this effort

_____ I will do what it takes to achieve good long-term outcome.

10) What has made you decide to stop your phobia now?



Hypnotherapy Client Disclaimer

I fully understand that I am receiving behavior-change counseling and not psychotherapy; my counselor has expertise with behavior-change training and may not have expertise in the treatment of serious psychological disorders. If I do want therapy for a psychological disorder I will request that my counselor refer me to licensed clinician.

Client Signature

A New Day Hypnosis Representative

A New Day Hypnosis



This form is provided in order you help you understand several important things about your professional relationship with your hypnotherapist and your rights as a client. Please read all of the information carefully. Feel free to ask questions about any item that you may not understand and sign the bottom of this form when you have read all the information.

Confidentiality

What you say to your hypnotherapist will be held in strictest confidence. However, you should understand that there are certain circumstances and conditions under which the content of your sessions may no longer be confidential. Below is a list of some, but not all of the circumstances under which your hypnotherapist may be ethically and/or legally obligated to disclose information about you. Because circumstances vary from individual to individual, it is impossible to provide a complete list of all possible circumstances under which the content of your sessions may no longer be confidential. Please discuss any concerns you may have about confidentiality with your hypnotherapist.

- a) Your hypnotherapist is ethically and legally obligated to disclose information given in confidence if there is reason to believe that you may harm yourself or harm someone else.
- b) Your hypnotherapist is ethically and legally obligated to disclose information given in confidence if there is reason to believe that you are involved in or have knowledge of child abuse/neglect or abuse/neglect of an elderly or disabled person.

Despite the personal nature of the work that you and your hypnotherapist do together, it is important for you to understand that you and your hypnotherapist have a *professional* and not a *personal* relationship. In order for your hypnotherapist to maintain his or her professional objectivity, the interactions between you and he/she will be limited to scheduled sessions. Please do not invite your hypnotherapist to social gatherings, offer gifts, or ask your hypnotherapist to enter into a business relationship or relate to you in any way outside of your scheduled appointments. You will be best served if your relationship with your hypnotherapist remains strictly professional and concentrates exclusively on your concerns. If you meet your hypnotherapist in public or in a social situation, be aware of his/her ethical responsibilities and expect a short conversation.

As a client, you have some important responsibilities. Please attend all scheduled appointments and be on time. Please remember that once an appointment is made, your hypnotherapist has set time aside for you and it is your responsibility to cancel/reschedule your appointments within 24 hours of your scheduled time. If you fail to cancel or reschedule your appointment within 24 hours, you will be charged a 50.00/hr. fee.

I, the client, have read and fully understand the information covered in this form.

Client Signature

Visual, Auditory, and Kinesthetic Quiz

Read each statement carefully. To the left of each statement, write the number that best describes how each statement applies to you by using the following guide:

1	2	3	4	5
Almost Never Applies	Applies Once In A While	Sometimes Applies	Often Applies	Almost Always Applies

Answer honestly as there are no correct or incorrect answers. It is best if you do not think about each question too long, as this could lead you to the wrong conclusion.

Once you have completed all 36 statements (12 statements in three sections), total your score in the spaces provided.

Section One - Visual

_____ 1. I take lots of notes and I like to doodle.

_____ 2. When talking to someone else I have the hardest time handling those who do not maintain good eye contact with me.

_____ 3. I make lists and notes because I remember things better if I write them down.

_____ 4. When reading a novel I pay a lot of attention to passages picturing the clothing, description, scenery, setting, etc.

_____ 5. I need to write down directions so that I may remember them.

_____ 6. I need to see the person I am talking to in order in order to keep my attention focused on the subject.

_____ 7. When meeting a person for the first time I notice the style of dress, visual characteristics, and neatness first.

_____ 8. When I am at a party, one of the things I love to do is stand back and "people-watch."

_____ 9. When recalling information I can see it in my mind and remember where I saw it.

_____ 10. If I had to explain a new procedure or technique, I would prefer to write it out.

_____ 11. With free time I am most likely to watch television or read.

_____ 12. If my boss has a message for me, I am most comfortable when she sends a memo.

Add up your total for _____ (note: the minimum is 12 and maximum is 60)

Section Two - Auditory

- _____ 1. When I read, I read out loud or move my lips to hear the words in my head.
- _____ 2. When talking to someone else I have the hardest time handling those who do not talk back with me.
- _____ 3. I do not take a lot of notes but I still remember what was said. Taking notes distracts me from the speaker.
- _____ 4. When reading a novel I pay a lot of attention to passages involving conversations, talking, speaking, dialogues, etc.
- _____ 5. I like to talk to myself when solving a problem or writing.
- _____ 6. I can understand what a speaker says, even if I am not focused on the speaker.
- _____ 7. I remember things easier by repeating them again and again.
- _____ 8. When I am at a party, one of the things I love to do is talk in-depth about a subject that is important to me with a good conversationalist.
- _____ 9. I would rather receive information from the radio, rather than a newspaper.
- _____ 10. If I had to explain a new procedure or technique, I would prefer telling about it.
- _____ 11. With free time I am most likely to listen to music.
- _____ 12. If my boss has a message for me, I am most comfortable when she calls on the phone.

Add up your total for Auditory _____ (note: the minimum is 12 and maximum is 60)

Section Three - Kinesthetic

- _____ 1. I am not good at reading or listening to directions. I would rather just start working on the task or project at hand.
- _____ 2. When talking to someone else I have the hardest time handling those who do not show any kind of emotional support.
- _____ 3. I take notes and doodle but I rarely go back a look at them.
- _____ 4. When reading a novel I pay a lot of attention to passages revealing feelings, moods, action, drama, etc.
- _____ 5. When I am reading, I move my lips.

_____ 6. I will exchange words and places and use my hands a lot when I can't remember the right thing to say.

_____ 7. My desk appears disorganized.

_____ 8. When I am at a party, one of the things I love to do is enjoy the activities such as dancing, games, and totally losing myself in the action.

_____ 9. I like to move around. I feel trapped when seated at a meeting or a desk.

_____ 10. If I had to explain a new procedure or technique, I would prefer actually demonstrating it.

_____ 11. With free time I am most likely to exercise.

_____ 12. If my boss has a message for me, I am most comfortable when she talks to me in person.

Add up your total for Kinesthetic _____ (note: the minimum is 12 and maximum is 60)

SCORING PROCEDURES

Total each section and place the sum in the blocks below:

VISUAL	AUDITORY	KINESTHETIC
number of points: _____	number of points: _____	number of points: _____

The area in which you have the highest score represents your best learning style. Note that you learn in **ALL** three styles, but you normally learn best using one style.