New You Counselling & Hypnotherapy
Maureen "Hannah" Maher

Hypnotherapy Intake Form

Name: _____
FIRST MIDDLE LAST

Address: _____

_____

Preferred Contact Telephone# _(_____)_____

Email: _____

Date Of Birth:_____/_____/_____ Age:_____ Gender: ___M ___F

Do you plan on claiming these session under your extended insurance plan? _____

If so, what is the name of your insurance company?_____

Today's Date: _____ Date of 1st session:_____

Please tell me what subjects you want to address and explain:

____ Anxiety / Stress Management - _____ _____ ____

____ Weight Loss - _____ _____ ____ ____

_____ Insomnia - _____ ____

____ Eating Disorder - _____

____ Overcome Fears - _____ _____ ____

____ Self Esteem - _____

____ Body Image - _____

____ Pregnancy - _____

____ Post Partum - _____

____ Pain Management - _____

_____ Medical Condition - _____

Please provide additional information about any of the above subjects that you need help with:

_____

_____

_____

_____

_____

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Please tell me about your three biggest personal strengths?

1.) _____

2.) _____

3.) _____

What is your prior experience with hypnosis:

____ None
____ Have been hypnotized one on one
____ Have listened to hypnosis tapes or CD's
____ Have friends/family who have been hypnotized

What are your beliefs about hypnosis?

____ I think it can help me
____ I will try it and see what happens
____ I am a skeptic

HEALTH: Please list all medical and mental health conditions for which you are currently being treated or have been treated for in the past.

1.) Diagnosis: _____

Date: _____

Any Medications? _____

2.)Diagnosis:_____

Date: _____

Any Medications? _____

3.) Diagnosis: _____

Date:_____

Any Medications? _____

Please elaborate about any other health concerns, fears, or issues that you have:

_____

_____

_____

Do you occasionally use drugs or substances?

____ Unprescribed pain pills
____Prescription pain pills
____ Prescription anti-anxiety medications (such as Valium or Xanax)
____ Unprescribed anti-anxiety medications
____ Other drugs - Specify: _____

Do you have sleep difficulties?

____ Rarely
____ I don't get enough sleep
____ I have trouble falling asleep
____ I have trouble staying asleep
____ I sleep too much

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Please tell me about your eating Patterns:

____ I am on a special diet - _____
____ I eat mostly healthy foods
____ I don't eat regularly
____ I overeat
____ I do not eat enough
____ I binge eat
____ I purge myself when full
____ I snack too often

If weight loss is your concern, what is your
current weight? _____

Please tell me about your exercise activities:
____ I work out frequently - Specify: _____ ____
I exercise occasionally - Specify: _____ ____
I do not get enough exercise Why ? _____
____ I have a health condition that limits my ability to exercise - Specify:_____
_____

In my personal relationships, I am:
____ Unsatisfied
____ Sometimes satisfied
____ Mostly satisfied
____ I am very happy with my relationships with others

What do you do to handle tension and stress? _____
_____
_____

What do you do for fun? _____
_____
_ _____

What are your hobbies? _____
_____
_____

Please tell me what you hope to accomplish with hypnosis?
_____
_____
_____
_____

Do you feel that you are ready to commit to effecting change in your life now?

_____
_____

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Please read the following description of what takes place during an Initial Intake Session and indicate whether you have any additional requirements or expectations below:

The purpose of an Initial Intake Session is to formulate a plan for your future Hypnosis sessions.

It is not a form of talk therapy or psychotherapy as my approach is one of Positive Contextual Psychology, where our focus is on the "here and now". Based on the information you shared in your Intake Forms, we will identify your goals & obstacles to achieving the life you want for yourself. This valuable information will help me propose a Hypnotherapy Session Plan that is personalized to your needs and to how you respond best.

We will finish by mutually deciding how and when we will work together (if we agreed to move forward and work together), how many hypnosis sessions you will need, and what subjects will be addressed in each one.

Initial Intake Sessions for Hypnotherapy have a very specific goal-oriented format where I will ask you to identify specifically what issues you wish to change or improve now, so that we may create an action plan to modify, add, or free you from limiting beliefs and behaviors. Hypnotherapy is not appropriate for complex emotional or psycho-social challenges, nor will it be recommended if you are struggling with underlying mental illness.

You might need additional time together before formulating a Hypnotherapy Session Plan to develop if you are abit unclear about your goals, or want time to explore certain concerns before doing Hypnotherapy. Please indicate this when filling out the intake forms, and we will take a less structured approach. This generally means we will have 2 - 3 Counselling sessions together prior to formulating a Hypnotherapy Session Plan. Please note that these will be Counselling sessions, and not Psychotherapy sessions as per my training and credentials.

Please plan for a 60 minute session. The fee for this session is $165 prepaid minimum 48 hours before the session to allow time for the Therapist to review the Information you shared in your Intake Forms. All subsequent personalized Hypnotherapy sessions are also 60 minutes with the actual hypnosis usually lasting approximate 45 minutes. You will be provided with au audio recording of this to listen to again after the session. Personalised Hypnotherapy sessions are $195 pre-paid at the time of booking the appointment due to the time the Therapist needs to prepare your session and to confirm your intention to attend.

Please indicate which option describes you best:

____ I know what I want to accomplish with Hypnotherapy and I am ready to formulate a Hypnotherapy Session Plan during our Initial Intake Session.

____ I need additional time together in the form of Counselling before formulating a Hypnotherapy Session Plan. I understand that Maureen does not provide Talk Therapy style Psychotherapy, but rather Counselling, which is more situation specific and does not address any past or underlying mental illness history I might have.

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NAME: _____ Date: _____

Hypnotherapy Learning Systems Inventory

The following quiz to find out if you operate primarily from a visual, auditory or kinesthetic (feeling) representational system.

Read each statement and consider the 3 responses A, B and C.

Mark an X or √ the one response for each question that most closely matches your thoughts on the subject of the question.

1.) When you are injured, what is your immediate response:
___ a.) See the would as if it is magnified.
___ b.) Hear the sound of impact.
___ c.) Feel the sensation of pain.

2.) When you spell a new or difficult word, do you:
___ a.) Visualize it on a blackboard.
___ b.) Sound it out.
___ c.) Start writing it out.

3.) When you read, do you:
___ a.) See images of what you are reading.
___ b.) Have conversations with the characters.
___ c.) Seek stories with action and behavior.

4.) When you think, do you:
___ a.) Imagine your thoughts as a movie.
___ b.) Hear yourself talking to yourself.
___ c.) Become distracted by external activity.

5.) When driving, do you:
___ a.) Daydream in pictures.
___ b.) Listen to talk radio.
___ c.) Rock out and dance.

6.) If you buy an assemble-it-yourself project, what do you do:
___ a.) Look at the picture on the box.
___ b.) Read the directions out loud.
___ c.) Just start building and complete it by trial and error.

7.) Which is more appealing or interesting to you:
___ a.) Artful Images of beautiful people.
___ b.) The sounds of a sensual voice speaking.
___ c.) The feeling of human touch.

8.) When you go to movies or watch TV, do you:
___ a.) Prefer rich scenery of distant places.
___ b.) Enjoy the dialog of heavy movies like court dramas.
___ c.) Get bored and wish you could go do something else.

9.) When you give a speech, do you:
___ a.) Talk with your hands.
___ b.) Hear yourself telling you what to say.
___ c.) Speak slower than other people.

10.) When relating to others, do you:
___ a.) Imagine them taller, fatter, further, closer, or different in any way; or pay particular attention to unusual features they possess.
___ b.) Find it easy to follow the stories, jokes and conversations with others without feeling lost.
___ c.) Move toward them, feeling their energy.

A answers = _____ B answers = _____ C answers = _____

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Informed Consent & Agreement to Policies

Please print your name in the first space, then sign, print and date below to indicate that you understand what you have read.

I, _____, agree to engage in the process of Hypnotherapy to help me with a specific aspect of my life or behavior that is not related to a mental illness. I understand this is a highly targeted, goal specific approach, and does not replace psychotherapy. I understand that Maureen is not a Psychotherapist or Psychologist, and she does not treat mental illness. I understand that if at any time during our work together, Maureen believes that I should consult with my Physician, Psychologist, or Psychotherapist instead of continuing sessions with her, she will recommend I do so. I also understand that if Maureen feels our sessions are not effective or that Hypnosis cannot help my presenting condition, she will recommend that we cease future sessions. For this reason, I understand the importance of being 100% honest and my mental and physical health history.

The sessions I will undertake are not meant to treat any mental illness condition. Rather, I understand that I will be learning life skills to induce positive thinking, create commitment to change and to learn the techniques of self-hypnosis to produce self-control over physical experiences and emotional awareness. I agree to continue medication as prescribed by my physicians and understand that hypnotherapy is not a substitute for medical care. I understand the Hypnotherapy services I am requesting neither diagnosis nor treats any medical or mental health condition, but rather, can complement medical or psychological treatment. If any symptoms or behaviors warrant medical or psychiatric attention from a licensed healthcare provider, I understand this will be suggested and session will be postponed. I understand that the methods of hypnosis include relaxation, breath work, creative visualization, positive affirmation, self-awareness development and other techniques and may produce physical and emotional responses. I agree to inform Maureen of any adverse feelings or experiences related to this process, at the time of my awareness of them. I have been informed as to the limits of hypnosis effectiveness.

Cancellation & Refund Policy

Up to two hours is invested preparing for a hypnosis session in advance my sessions in order to custom tailored my sessions according to my unique needs. As a result, all Hypnosis sessions must be pre-paid at the time of booking the session in order for Maureen to begin preparing it. Because of the unique nature of personalized Hypnosis sessions, and the considerable amount of time invested by Maureen to prepare for pre-booked and pre-paid sessions, sudden cancellations and requests for full refunds will not be accepted. We do, however, provide for partial refunds under the following conditions:

If I request a session, agree to the date/time, pay for the session, then decide to cancel it prior to the session having been prepared by Maureen, I shall be refunded the amount I was billed minus a $50 CDN administration fee which reflects the amount of time and energy the Therapist invested in Reviewing my Intake Information and making a preliminary plan for my personalised Hypnosis session.

If I decide to cancel less than two business days prior to the appointment, and after my personalize session has been prepared by Maureen, no refund shall be provided. If the cancellation is for valid medical reasons, the session can be rescheduled. An audio recording of the cancelled session can be requested given that the session has been prepared and paid for. By signing this Consent form and submitting it as part of my request to be considered as a potential client, I am stating my expressed agreement to abide by these terms.

Signature: _____Date: _____

Print Name: _____

Date: _____