

Disclaimer and Agreement Form for Hypnotherapy Session.

I, the undersigned Client, acknowledge that I have been informed of the following information:

Sadira Yasmine Daher is a certified hypnotherapist. Hypnotherapist agrees to provide professional services in accordance with acquired training and experience giving undivided attention during scheduled consultations to facilitate Client's benefits. Hypnotherapist's work is Client-centered. Services provided utilize induction of hypnosis, and methods and principles used to help clients discover their inner creative abilities to develop positive thinking and feeling, and to transform undesirable thoughts, habits and behavior patterns. Therapeutic goals are to achieve freedom from restrictive thought and belief systems, to assist in solving personal problems, developing motivation and achieving goals. Sadira may teach the client to use self-hypnotic techniques to assist in achieving goals and resolving issues that have been mutually agreed upon by Client and Hypnotherapist.

Hypnosis is a natural state of mind that can produce extraordinary levels of relaxation of mind, body and emotions. The principles and theories upon which hypnotherapy is based are accessing and utilizing the power of one's inner resources. Hypnosis can transcend the critical, analytical level of mind, and facilitate the acceptance of suggestions, directions and instructions desired by the Client. The therapeutic use of hypnosis can also elicit information and insights from the subconscious and superconscious levels of the mind. The Hypnotherapist utilizes interviews, discussion and hypnotic methods dealing with underlying issues whenever appropriate, with the goal of achieving effective and lasting results. Services to be provided do not include the practice of medicine, as hypnotherapists are not licensed physicians.

Sadira Yasmine Daher is not a US licensed physician, does not diagnose, prescribe medication or treat clients as a physician does. Hypnotherapy services are complementary to the healing arts services that are licensed by the state. The California State Legislature has determined that state licensing may not be conferred upon an occupational group for purposes of status or prestige. The primary purpose of licensing laws for legally defined Healing Arts and Mental Health professionals is to protect public health and safety. Accordingly, Hypnotherapists are not issued licenses by any state governmental agency to engage in their professional services.

I, Sadira Yasmine Daher have acquired Certification in Hypnotherapy from the National Guild of Hypnotists.

I, the undersigned client, realize that my own success depends on my own commitment to improving the situation that brings me to the session. I acknowledge that _____ is not diagnosing, prescribing for or treating any physical or mental ailments and I do not hold her responsible for them. I give permission to _____ to use hypnosis techniques on me. I understand that hypnotherapy sessions are not psychotherapy but a therapeutic alternative aimed at creating positive changes in my life. Any conclusion I draw from the hypnotherapy session or responses I have are mine and mine alone. I take full responsibility for myself. I release the hypnotherapist whatsoever regarding my hypnotherapy session. I understand not to use the audio recordings of the hypnosis sessions I'll receive while I am driving the car or performing any dangerous activities. I understand that there is a 24 hour cancellation policy. In order to cancel or reschedule a session I agree to call at least 24 hours in advance, I agree to pay _____ for any missed appointments. I understand this information and I am willing to give it my best.

I, _____ acknowledge that I have been advised of the foregoing information, and that I have been given a copy of this "Client Agreement " form.

Client's Signature _____ Date: _____

Hypnotherapy Intake Questionnaire

Name _____

Date _____ Location _____

E-mail address _____

Phone number _____

Age _____

Have you ever had a hypnosis session before? Yes No

If yes, what was it for and how was it/ were they helpful? _____

Do you have high level of stress in your life? Yes No

If yes, in which areas of your life? _____

- Professional? What profession? _____

- Or Private Life --Marital Status _____

- Do you have children, how many and age? _____
- How many hours do you work per day? _____
- How often do you have time for yourself? _____

What are the issues that bring you to our hypnotherapy session and what are your goals?

Do you have any medical or psychological conditions?

- Yes
- No

If yes, what are they? _____

Have you recently been diagnosed or do you experience depression?

- Yes. Since when? _____

- No. If no, did you experience depression in the past? _____

Have you been diagnosed with or do you experience anxiety? If yes, what makes you anxious? _____

What type of fears do you have if any? _____

Do you experience anger? If yes, what makes you angry? _____

How do you sleep at night?

- Well
- Not well

How many hours do you get to sleep per night? _____

Do you usually fall asleep easily or not? _____

Do you usually wake up during the night? _____

Would you say you are a deep, medium or light sleeper?

What is the quality of your dreams? Would you say that they are usually pleasant, or they are unpleasant, weird, fear-based or nightmares? _____

Would you say that usually you wake up rested or tired? _____

Have you ever experienced sleep walking?

Yes No

Have you ever experienced sleep paralysis?

Yes No

Do you currently take any medication? Yes No

If yes, what is it for? _____

Are you currently seeing a physician, psychiatrist or other therapist?

- Yes
- No

If yes, please explain what for: _____

Do you drink alcohol? Please explain how often, how much and what type. Have you ever had a problem with alcohol?

Do you use recreational drugs? If yes, what type and how often?

Do you smoke cigarettes? If yes, how many per day?

Would you say your diet is healthy?

- Yes
- No

If no, please explain

Are you at your ideal weight?

- Yes
- No

If not how much would you like to release/gain?

Do you practice physical exercise?

- Yes
- No

If yes, how often and what type?

Do you meditate?

- Yes
- No

If yes, what techniques do you use? _____

What are your qualities?

What are your vulnerabilities?

Do you feel confident in yourself?

- Yes
- No

What are the areas you don't feel confident? _____

Would you say that you unconditionally love yourself or you are critical about yourself?

If critical, what are you critical about? _____

In a few words, how would you describe your relationships, pleasant or conflictual ?

Did you experience major traumatic events in your life? If yes, please enumerate what type of trauma: physical, emotional, sexual or of any other nature.

We all have positively-oriented thoughts and beliefs and negatively-oriented thoughts and beliefs. Negatively-oriented thoughts and beliefs are those related to worries, doubts, stress, fear, criticism, blame, regret, anger, conflict, obsession, the victim mentality, etc. What would be the percentage of positively-oriented-thoughts vs negatively-oriented thoughts in your daily thinking process? _____

Since in hypnotherapy we are mostly working on the subconscious mind which is described as the mind of the soul, what are you beliefs about life and death? Some people believe in the existence of a Source of Life, what do you believe about that? _____

Some believe in the survival of consciousness after death--the existence of the afterlife. What do you believe?

Some believe that as souls we live one life, others that we live many lives. What do you believe? _____

Did you ever have any unusual experiences such as near death experiences (NDE), out of body experiences (OBE), extra sensory perception (ESP), remembrance of past lives in childhood, unusual experiences as a child, recurrent dreams or nightmares, unusual dreams etc?

