**Please answer all questions. Type or print clearly. Thank you.**

Appointment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Name and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initial: \_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this your □ home, □ work, or □ cell?

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_; □ M, □ F; Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Married, Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Children? **Y** **N**

If yes, how many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you follow or observe any religious or meditative practices? If so, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about Steadfast-Forward/Lori Beard Coaching?**

□ Online Search Engine: \_\_\_\_\_\_\_\_\_\_\_\_\_ Search Terms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Office Sign; □ Advertisement; □ Business Card; □ Client or Physician Referral –Their name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Wearing contact lenses?** \_\_\_\_\_ During hypnosis your eyes will be closed for about 45 minutes. If your contacts will cause eye irritation, you may want to bring your lens holder and solution so you can remove them just before hypnosis.

**Hearing problem? \_\_\_\_\_\_**

I can position you for optimal hearing or speak louder if needed. If you normally wear a hearing aid, please use it as you will have your eyes closed and will not be able to lip-read during a session.

**►PRIMARY GOALS:** □ Weight Management; □Smoking/Tobacco Cessation; □ Stress Management.

Self-Control with □ Alcohol; □ Anger; □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; □ Sleep Improvement; □ Confidence; □ Motivation/Procrastination; □ Relationships; □ Attitude/Outlook; □ Study Skills; □Fear/Apprehension:\_\_\_\_\_\_\_\_; □ Facilitate Wellness;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; □ Self-Esteem/Self-Image; □ Change Habit(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; □ Medical/Mental Health Issue(Referral required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you allowed this problem to control your life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you suffer from any uncontrollable tendencies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any previous experience with hypnosis? □ Yes □ No; When: \_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Group or □Individual? How did it go for you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BRIEF MEDICAL HISTORY:**

List any current health problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please briefly share anything else that would be helpful to know about you, (i.e., recent life-changing events such as deaths, divorce, relationships, job changes, health issues, past trauma, accidents, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently suffering from any of the following?** (Please check all that apply)

□ Nervousness; □ Inability to relax; □ Sleeplessness; □ Sadness; □ Sexual challenges; □ Alcohol abuse; □ Uncontrollable tendencies; □ Nail biting; □ Teeth grinding; □ Nightmares; □ Poor health; □ Cigarette smoking; □ Drug abuse; □ Compulsive overeating; □ Weight management problems; □ Codependency; □ Inability to focus attention; □ Poor memory; □ Marital problems; □ Recent divorce; □ War trauma; □ Current Illness; □ Death of a loved one; □ Childhood difficulties; □ Fear of heights; □ Lack of energy; □ Poor self-esteem; □ Abusive home situation; □ Abusive work situation; □ Lack of success; □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any other conditions occurring in your life that are negatively affecting you in any way.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 List your three favorite places in order of preference:

 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list your three most important lifetime goals:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list your three-favorite past-times/hobbies:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list things that you like to do but that you want to do better. If you could be, do, have, or become anything, what would you wish for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEES & PAYMENT:** Payment is due in full at the time of service by cash, MasterCard, Visa, or Discover Card.

**CANCELLATION POLICY:** Your time slot is reserved exclusively for you. Please arrive promptly to obtain your full session. A 24-hour cancellation notice is required, except in an emergency or inclement weather. If you must cancel or reschedule due to an emergency, please notify us as soon as possible. If you do not arrive for your session and proper prior notice has not been made, you will be charged the entire fee for the session. Thank you for your consideration.

**PREPAID SESSIONS**: The above Cancellation Policy also applies to any programs with prepaid sessions. Except for emergencies or bad weather, 24-hours’ notice is required. Failure to keep your appointment or non-emergent short-notice cancellations will result in the forfeiture of a prepaid session. No refunds will be given for unused prepaid sessions. All prepaid sessions are non-transferrable and will expire at the determined time discussed by you and practitioner.

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

**MINORS:** Appointments for children under age 18 require written consent from the parent or guardian. For optimum results, it is recommended that parents or guardians not accompany children in the hypnosis session.

**SAFETY:** All sessions are video recorded for client and hypnotist safety. These recordings are kept confidential and filed.

**CLINICAL HYPNOSIS:** Hypnosis is effective in relieving some medical conditions (i.e., pain management, migraines, IBS, etc.) but will require a signed release from your doctor or appropriate health care professional to avoid masking symptoms before proper diagnosis and/or medical treatment has been obtained. Of course, non-medical issues (i.e., smoking, weight loss, confidence, etc.) will not need a form.

**RELEASE STATEMENT:** I authorize Lori Beard to coach and/or hypnotize me for the purposes outlined in this intake form and for future purposes that I may request. I understand that the success of my coaching/hypnosis sessions depends greatly on my own ability and desire to affect change in myself. I understand that because the results of my sessions depend greatly upon my own serious participation that Lori Beard **cannot offer any guarantee of the success of my treatment**. I am aware, however, that **Lori Beard will do everything in her power to ensure my success.** I hereby release Lori Beard from any liability. I also understand that I have other choices from which to seek assistance regarding my specific concerns, and I have chosen coaching and hypnotism at this time.

 **I HAVE READ THIS CLIENT BILL OF RIGHTS AND I FULLY UNDERSTAND WHAT I HAVE READ.**

**Client Signature (or parent of minor child): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

MEDICAL PROVIDER AND HEALTH BACKGROUND INFORMATION AND RELEASE Do you have a primary care physician? **yes /no-** If yes, please complete the following:

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State: \_\_\_\_\_\_\_\_\_\_

I hereby authorize Lori Beard, and the above-listed primary care physician and their associates to release to each other any and/or all hypnotic, medical, psychological or educational information they may have pertaining to me. This authorization for the release of confidential information expires ninety [90] days from the date below. I understand that I may revoke this release at any time on written notice to the parties involved, and that information released prior to the receipt of such notice is not a breach of my right to confidentiality.

Client’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lori Beard’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_