



Client Intake Form

Please Print Clearly

Name: _____ Date: _____

Address: _____ Apt. # _____

City: _____ State: _____ ZIP: _____ Email: _____

Phone #: Home (____) _____ Cell #: (____) _____ Work#: (____) _____

Employer: _____ Occupation: _____

Business Address: _____

Date of Birth: _____ Age: _____ Sex: M F Marital Status: S M D W

Contact Lens: During hypnosis your eyes will be closed for about 45 minutes. If your contacts will cause eye irritation, remember to bring lens holder and solution so you can remove them just

Do you have a hearing problem? _____

Please tell me so I can position you for optimal hearing. If you normally wear a hearing aid, please use it as you will have your eyes closed and will not session.

How did you hear about me? _____

If referred by someone, may I send him/her a thank you note? _____

Their name and address if known: _____

Your primary reason or goal for today's session: _____

Other problems or goals, which may *possibly* be included with today's session or in a future session:

How will your life be different when you reach your goal? _____

Do you have difficulty with any of the following?

Ability to sleep Quality of sleep Self-esteem Self-confidence Attitude/outlook on life

Other _____

If stress plays a role in your problem: Is the source of stress known? _____

Do you think caffeine or other stimulants contribute to your situation? _____

Do you think alcohol or other drugs contribute to your situation? _____

Please complete the following as applicable:

Are you under the care of a physician now? _____ Dr. Name _____

Significant current health problems: _____

Briefly please list any relevant and significant health or mental health problems current and past you feel important for me to know:

Are you currently under the care of a mental health professional? _____ Name: _____

Have you been diagnosed with any of the following? Seizure disorder Obsessive-compulsive disorder Depression

Schizophrenia Bipolar or manic-depressive Post-traumatic-stress syndrome Diabetes

Details of any yes answers:

Do you have any fears or phobias that interfere in your life? _____

NOTE: the services I offer are not meant to be substitutes for psychological or professional counseling. Hypnosis is not talk therapy; if you have an ongoing mental or medical condition, please consult a professional licensed by the state of Florida.

I may make general references to a higher power, creative force, or universal force. Is that OK or do you have other preferences?

Have you ever been hypnotized before? ____ When: ____ Why: ____ Please circle one: Group or Individual

Was it helpful? ____ How long ago? ____ What did you like or dislike about it? _____

Please share anything else that would be helpful to know about you, (i.e., recent life-changing events such as death relationships, job changes, health issues, past abuse, etc. The more I know about you, the more I can accommodate your needs and hypnotic sessions.

PLEASE READ AND SIGN THE NEXT PAGE, WHICH IS THE CLIENT BILL OF RIGHTS & CONSENT FORM THAT ALSO INCLUDES MY OFFICE POLICY.

CLIENT BILL OF RIGHTS & CONSENT FORM

Contact Information: My name is Patricia Saborio-Koike, Certified Hypnotist C.H.

I can be contacted through my website, mysticalcorner.com or by telephone 954.849.5052

Education and Training: I was trained in hypnotism at Advance Hypnotherapy Training and became a Certified Hypnotist in May 2000. I am a Certified Member of the National Guild of Hypnotists (NGH), which requires annual continuing education to maintain my training at a high level. The National Guild of Hypnotists is the oldest and largest hypnotism organization in the world and its certification is the most widely recognized credential for the professional practice of the hypnotic arts. I also have extensive additional training and certifications. Please refer to my website or ask me in person for additional details.

REQUIRED NOTICE: *as the state of Florida has not adopted any educational and training standards for the practice of hypnotism, this statement of credentials is for informational purposes only.*

Hypnotism is a self-regulating profession and its practitioners are not licensed by state governments. I am not a physician or a licensed health care provider and may not provide a medical diagnosis nor recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis or any other type of treatment from a different practitioner, the client may seek such services at any time. In the event my services are terminated by a client, the client has a right to coordinated transfer of services to another practitioner. A client has the right to refuse hypnotism services at any time. A client has a right to be free of physical, verbal, or sexual abuse. A client has a right to know the expected duration of sessions, and may assert any right without retaliation. Patricia Saborio-Koike C.H. does not treat, prescribe for, or diagnose any condition and is a properly trained facilitator of hypnosis and is not practicing any other profession that requires a license under the laws and regulations of the State of Florida. Hypnosis is not considered nor is it a Psychological treatment. Hypnosis for subclinical purposes requires no referral. Patricia Saborio-Koike practices therapeutic hypnosis within the guidelines of the law and Florida Statute 485.

Redress: I am a certified member of the National Guild of Hypnotists, and practice in accordance with its Code of Ethics and Standards. If you have a complaint about my services or behavior that I cannot resolve for you personally, you may contact the National Guild of Hypnotists at P. O. Box 308, Merrimack, NH 03054-0308, (603) 429-9438, to seek redress. Other services than my own may be available to you in the community. You may locate such providers in the telephone book.

Fees: The charges for my services are: \$95.00 for initial visit maximum of 2 Hours. Discounts apply for services with 2 or more sessions: \$75.00 follow-up for General Hypnosis; separate pricing for group sessions. Payment is due in full at the time of service. I accept cash or personal check: **A \$35 fee will be assessed for all returned checks.** Services purchased through the website are subject to cancellation based on lack of payment and/or commitment of the user. The user purchasing a service through the website has the right to cancel the service with prior written notification within a 24 hour period. There will be no refunds once service has been provided. **All prices are subject to change without notice.**

The current fees will be honored for 6 months.

Cancellation Policy: My time is my income and my hours are by appointment. 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 me as soon as possible. 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 may 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 after six months.**

Confidentiality: I will not release any information to anyone without a written authorization from you, except as provided for by law. You have a right to be allowed access to my written record or a summary of my record about you. **MINORS:** Appointments for children under age 18 require

written consent from the parent or guardian, who must accompany them at each visit. **INSURANCE:** I do not file insurance or any other third party claims. Insurance companies usually consider hypnosis as an alternative therapy and therefore do not cover it.

Medical 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.* Please see **Hypnosis for Medical Conditions** for more information and a convenient release form. Of course, non-medical issues (i.e., smoking, weight loss, confidence, etc.) will not need a form.

My approach: I believe that individuals have the right to choose or practice alternative or complementary self-improvement services. Hypnosis is safe and non-invasive. The services I render are held out to the public as a form of motivational coaching and education. I do not represent any of my services as any form of health care, psychotherapy or counseling. Hypnosis is not meant to be a substitute for psychological or professional counseling. If you have an ongoing mental health problem, please consult a professional licensed in the State of Florida. I use hypnosis for past life and/or age regression and to motivate clients to eliminate negative or unwanted habits, facilitate the learning process, improve memory and concentration, develop self-confidence, eliminate stage fright, improve athletic ability, reduce/manage stress, focus on positive thoughts and desired outcomes, and for other social, educational and cultural endeavors. In general, I help people cope with the normal problems of everyday living by utilizing various techniques of hypnosis and progressive relaxation. Most hypnosis is of a non-medical nature. Despite research to the contrary, by law I may make no health benefit claims for my services. However, hypnosis does reduce stress, which is a beneficial adjunct for many medical and mental health disorders. Relaxation techniques can be learned which can reduce discomfort and improve certain health issues. I believe that thoughts and attitudes can influence how we feel and that hypnosis can help you change habits, focus on the positive, and visualize a state of wellness.

NOTE: Clients who use Mystical Corner's services understand in its entirety that the services and products offered are strictly spiritual in nature and do not under any circumstances claim to be medically therapeutic in nature. Additionally, the scope of business with emphasis on Hypnosis and any and all practices associated with Hypnosis is also widely based on a spiritual nature and does not in any way serve to provide medical counseling and/or be a medical practice or therapy. Florida Statutes law clearly states that any individual not holding a title in the healing arts of medicine cannot legally be permitted to call themselves a Hypnotherapist. Although my training and certification state otherwise - I will not under any circumstances, eradicate Florida Law nor will Mystical Corner or I personally be held liable for any such actions deemed false or misleading.

GUARANTEE AND REFUND POLICY: No guarantees as to the effectiveness of hypnosis for your particular problem are made or implied, as it is impossible to guarantee human behavior or compliance. Therefore, no refunds for services are given. Hypnosis is not a quick fix or magic pill. A hypnotist is considered a guide or facilitator. You assume equal responsibility by making a commitment and allowing yourself to be guided into a state of hypnosis. No one can make you do something against your true will. I sincerely want you to succeed and pledge my efforts to help you to the best of my ability. **I HAVE READ THIS CLIENT BILL OF RIGHTS AND I FULLY UNDERSTAND WHAT I HAVE READ. I acknowledge receipt of a copy of this statement for future reference.**

Client Signature: _____ Printed Name: _____ Date: _____

CLIENT CONSENT AND RELEASE

I, _____ have been advised by Patricia Saborio-Koike the scope of hypnosis practice and I give my full consent to receiving hypnosis sessions by Patricia Saborio-Koike. I understand that results vary and that the above name practitioner may not guarantee results. Hypnosis/Hypnotherapy is not a replacement for medical treatment, psychological or psychiatric services or counseling. I also understand that the Hypnotist does not treat, prescribe for or diagnose any condition. I understand that the practitioner is a facilitator of hypnosis and is not practicing any other profession that requires a license under the laws of the State of *Florida*.

I am aware and understand that in some cases it may be necessary for the practitioner to respectfully touch my shoulder(s), hand, wrist, 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.

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. I have accurately provided background information as requested by the hypnotist.

I understand that confidentially regarding my sessions will be honored between my hypnotist and me. This same confidentially is respected when working with minors under the age of eighteen.

Signature of Client

Date

Printed name of Parent or Guardian

Date