

# INFORMED CONSENT

## CLIENT COPY

I \_\_\_\_\_ understand that regression hypnosis is a method for self- exploration. This may enable me to search for meaning and understanding and to direct my own personal growth and development. I understand that hypnosis is a trance state and that suggestions may adjust habits of thought, feeling, and behavior.

I further understand that all hypnosis is self-hypnosis. Since I am in total control of the hypnotic state and session, I can stop a session at any time. I choose the entry point for my trance state and also what is discussed while in that altered state. I understand that the facilitator may use symbols and symbolic language, which I will interpret according to my own belief system.

I enter into hypnosis willingly and out of my own desire for self-exploration and/or behavioral change. Furthermore, I am consenting to be hypnotized on my own initiative and / realize that hypnosis is not offered as a substitute for physical, emotional, or psychological diagnosis and/or care.

By my permission, sessions may be recorded (audio only) for my personal use and all information revealed during any hypnosis session is agreed to be strictly confidential.

I release the regression facilitator from any liability for claims resulting from these sessions.

(If under 18 years of age, Parent or Legal Guardian must sign for permission below)

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(Signature)

(Date)

# CLIENT INFORMATION

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Reason for Seeking Regression/Hypnosis \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prescribed Medications (\*\* Please also state what medication is for)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been diagnosed with any of the following? (\*\*Please answer Yes or No for each)

\_\_\_\_\_ Schizophrenia

\_\_\_\_\_ Chronic Depression

\_\_\_\_\_ Bipolar

\_\_\_\_\_ Heart Disease

\_\_\_\_\_ Epilepsy

**\*\*IF YOU HAVE ANY OF THE ABOVE CONDITIONS, A DOCTOR'S WRITTEN REFERRAL IS REQUIRED**

Do you have any mental or behavioral condition requiring continued treatment by a psychiatrist or psychologist?

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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