Welcome to Internal Harmony Center. Please read and sign this form before completing the rest of the forms. We do our very best to ensure that we provide the highest quality hypnosis services available. We do this by constantly improving our techniques and keeping up with the latest developments in the field of hypnosis. This hypnotherapist that will be working with you is certified by the National Guild of Hypnotists.

As one might expect, there is some variation in the length of sessions. We try to keep to a strict schedule, but sometimes we may run late. Please excuse us if we do. Sometimes continuing a session for another 10 or 15 minutes can save a great deal of time in the long run for the client. Or, stopping the session at a particular time may be inappropriate because the issue being dealt with is emotional, and the client needs some time to regain composure before returning to the waiting area. So, sometimes we will run a little late. Note that it is usually for a good reason.

Lastly, hypnosis is a very powerful process that has helped thousands of Americans to make the kinds of changes that they want to make in their lives. However, hypnosis is not mind control. For example, no one, not even the very best hypnotist, could make you lose weight, or stop smoking if you really don't want to. Nor could he or she accurately predict how many sessions it will take. Most people (but not everyone) begin to experience the benefits (from the very first session) and most people are done in four to six sessions. Ultimately, you are responsible for the changes that occur as a result of the hypnosis sessions.

This is both "good" and "bad". It is "good" because, after you have made the changes that you want using hypnosis, you deserve a great deal of the credit, and this knowledge helps you to make more changes in your life. But, on the other hand, it is bad because we cannot guarantee that the changes will come about. In fact, this is true in any situation where a professional is trying to help you. There is always a human factor. Doctors don't guarantee that you will get well. Teachers can't guarantee that you will learn, and lawyers can't guarantee that you will "win" your case. What we can guarantee, here at Internal Harmony Center, is the very best service, using current information and appropriate hypnotic techniques for your situation.

Clients must make any changes (eg. Rescheduling or canceling their appointment) at lease three working days before their appointment or they will be charged for the appointment.

By signing this, I am stating that I have read this form and understant that, like the other healing arts, the practice of hypnosis and hypnotherapy, is not an exact science: Therefore, results are not guaranteed, nor are refunds given for services rendered.

Signature	Date
Name	

Confidential Client History Form

This form is to be completed at the initial session: Date:				
Please fill out this side of the form and r				
Signing this form indicates that you have	e read	that information	ı .	
Name	F	Home phone	Cell pl	none
Address	C	ity	State	Zip
Date of birth	Age_	Sex	Marital	Status
Occupation			No. of Children:	
How did you hear about us? Yellow Page				
Or, Referral If so, who referred you				
If you were referred by a medical profes	sional,	do we have you	ar permission to discu	uss your progress with him/her
YesNo				
Has anyone ever tried to hypnotize you?		Reason:		
Do you believe that you were hypnotized	d?	Why?		
Generally, how did it go for you?				
Reason you are coming for hypnosis				
Any previous attempt to address this issu	ue? Ye	s No F	Results	
We find it useful to sometimes use a hol	istic ap	pproach (mind-b	ody-spirit) when app	propriate.
Would you consider yourself a spiritual	person	? (Circle One)	Yes - No - M	aybe
		Medical His	tory	
Are you currently undergoing medical o	r psycł	nological treatm	ent for the above issu	ie?
Yes No If so, where?		Dr.'	s name?	
Have you been under a doctor's care in t				
Dr.'s name?				
Have you ever been treated for emotiona			No If "yes"	, are you currently receiving
treatment or counseling? Yes No				
Have you ever been treated for? Heart _				
Are you currently taking any medication	s? Ye	s No	If so, what	
Reason for medication?				
Have you had any prolonged illness? Yo Do you have any questions about hypno	sis? Y	es No		
Sessions at Internal Harmony Center are	video	recorded, and b	ecome part of your c	onfidential record.
Any appointment changes need to be ma	de thre	ee business days	s in advance. Appoin	tments broken or canceled
without the two business days' notice with	ill be c	harged for the s	ession. Thank you.	
Client Signature			*Parent/Guardian	n Signature
		* (Si	gnature is required if c	lient is under 18 years old)

⁺If you wear HARD contact lenses, please remove them before your session, as they inhibit your ability to relax.

Client Bill of Rights

Shannon Wallace 103 E Holly St #403 Bellingham, WA 98225 (360) 734-1099

State Registration Code: 60568516

By law I am required to disclose certain information to my clients. This is for your protection.

I graduated from Cascade Hypnosis Center. I trained with one of the finest hypnotherapy programs in the nation, an advanced program called 5-PATH, taught by Erika Flint at the Cascade Hypnosis Center in Bellingham, Washington. I am a registered and certified hypnotherapist and a certified 5-PATH hypnotherapist. I am a board certified member of the National Guild of Hypnotists.

In my practice I use hypnosis to help people discover the subconsious reasons for their symptoms, behaviors, or habits. When they are discovered, I use certain tools and techniques to help the client release them and relearn a ne positive way of thinking, subconsciously. This is called hypnotherapy.						
My fee is \$ per sessavailable at the rate of \$_	• • • •	from 80 to 100 minutes. Evening and	d weekend sessions are			
Payment is expected at the time of the session.						
The session is confidentia	ıl, this is your right by law	, unless:				
 You confess of a You are a minor There is a subpo Or if there were State Uniform D 	and there is physical evicena for court relating to the charges brought against misciplinary Code.	o one can make you divulge secrets undence of abuse. is session. he for unprofessional conduct as descent	ribed in the Washington professional, you my report			
it to:	•	Box 477869 Olympia, WA 98504-and understand my rights.	7869			
Client Signature	Date	Hypnotist Signature	Date			

Date

If you are a minor, you must have a parent or guardian signature:

Parent or guardian signature

Making Appointments, Missed Sessions, and Rescheduling Policies

Making Appointments Policy

We require a credit card number or an advanced payment (check/cash) to hold and confirm an appointment. Credit cards will not be charged unless you do not show up, cancel, or reschedule your appointment without the required three working days (ie. Monday- Friday) notice.

Checks will not be deposited until two days before appointment.

Cancellations, Missed Appointments, and Rescheduling Appointment Policy

Credit cards will not be charged if the client cancels or reschedules three office (working) days before the day of the appointment. For example, if the appointment is on Thursday, in order to not be charged for an appointment, our office must be notified of the change no later than Monday durning office hours. No exceptions.

Clients making cancellations, missing appointments, or rescheduling on the same day as the appointment will be charged for the time scheduled for that day, because we will be unable to utilize that time to schedule in another client upon such short notice. No exceptions.

This is being done to ensure that our appointment times are being best utilized. Many clients are needing to wait 1-2 weeks to come in. If we are given enough advance notice, then we are able to schedule our clients efficiently.

This will also ensure better use or our hypnotherapists time. Hypnotherapists better serve our clients when appointment times are being kept.

We thank you for your understanding and we look forward to serving you.

I have read and understand the appintment policy:

Client Signature

Date

Client Name

Thank you for choosing Internal Harmony Center. Please fill out this form. The information will be helpful during your session.

Please list seven of the benefits you expect to gain from making the change you would like to make.

Benefits of making the change you want

1	
2	
3	
5	
Check as many of the followin	ng as it applies to you, and fill in the blank space if appropriate.
I often feel that I should be	be punished for something I once did.
I know of a past experience	ce or relationship that could be causing this problem.
I am aware of an internal	conflict that may be causing part (or all) of my problem.
If I get better, I stand to lo	ose
If I wasn't so much like _	, I'd be much happier.
If you have any questions abou	at this form or hypnosis, please write them down here.
Name	Date: