

Internal Harmony Center

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 least 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 understand 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 _____

Internal Harmony Center

Confidential Client History Form

This form is to be completed at the initial session: Date: _____

Please fill out this side of the form and read the Client Bill of Rights on the reverse side.

Signing this form indicates that you have read that information.

Name _____ Home phone _____ Cell phone _____

Address _____ City _____ State ____ Zip _____

Date of birth _____ Age _____ Sex _____ Marital Status _____

Occupation _____ No. of Children: _____

How did you hear about us? Yellow Pages ____ Newspaper ____ Other Advertisement _____

Or, Referral If so, who referred you? _____

If you were referred by a medical professional, do we have your permission to discuss your progress with him/her?

____ Yes ____ No

Has anyone ever tried to hypnotize you? ____ Reason: _____

Do you believe that you were hypnotized? ____ Why? _____

Generally, how did it go for you? _____

Reason you are coming for hypnosis _____

Any previous attempt to address this issue? Yes ____ No ____ Results _____

We find it useful to sometimes use a holistic approach (mind-body-spirit) when appropriate.

Would you consider yourself a spiritual person? (Circle One) Yes - No - Maybe

Medical History

Are you currently undergoing medical or psychological treatment for the above issue?

Yes ____ No ____ If so, where? _____ Dr.'s name? _____

Have you been under a doctor's care in the past year? Yes ____ No ____ If "yes", please give reason

Dr.'s name? _____

Have you ever been treated for emotional problems? Yes ____ No ____ If "yes", are you currently receiving treatment or counseling? Yes ____ No ____ By whom? _____

Have you ever been treated for? Heart ____ Diabetes ____ Epilepsy ____ Pain ____

Are you currently taking any medications? Yes ____ No ____ If so, what _____

Reason for medication? _____

Have you had any prolonged illness? Yes ____ No ____ If "yes", what illness _____

Do you have any questions about hypnosis? Yes ____ No ____

Sessions at Internal Harmony Center are video recorded, and become part of your confidential record.

Any appointment changes need to be made three business days in advance. Appointments broken or canceled without the two business days' notice will be charged for the session. Thank you.

Client Signature

*Parent/Guardian Signature

** (Signature is required if client is under 18 years old)*

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

Internal Harmony Center

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 during 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 of 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 appointment policy:

Client Signature

Date

Client Name

Internal Harmony Center

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. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Check as many of the following as it applies to you, and fill in the blank space if appropriate.

- ___ I often feel that I should be punished for something I once did.
- ___ I know of a past experience 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 lose _____.
- ___ If I wasn't so much like _____, I'd be much happier.

If you have any questions about this form or hypnosis, please write them down here.

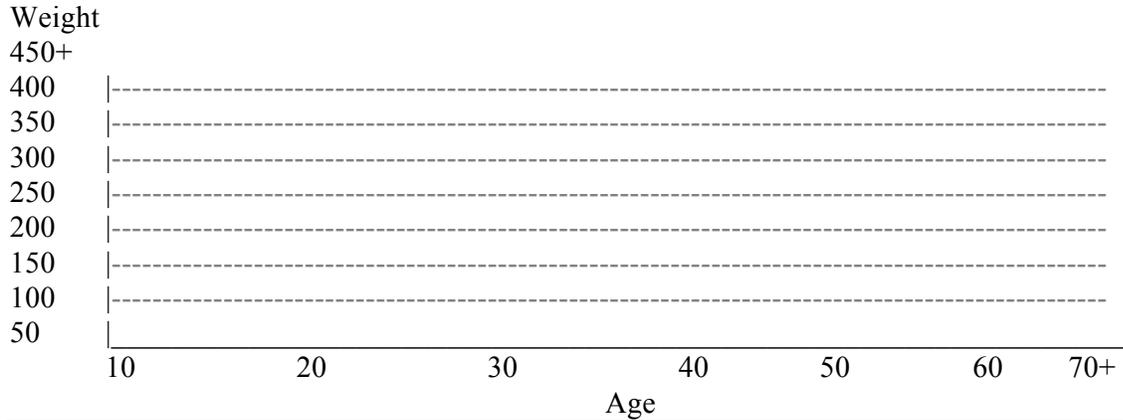
Name _____ Date: _____

**Internal Harmony Center
Body Weight History Form**

Thank you for taking the time to fill out this short form. It will help us to determine how to serve you. On the graph below draw a line indicating your weight over your life.

Client Name _____ Date _____

Example of Maintaining Weight



Example of Slow Weight Gain

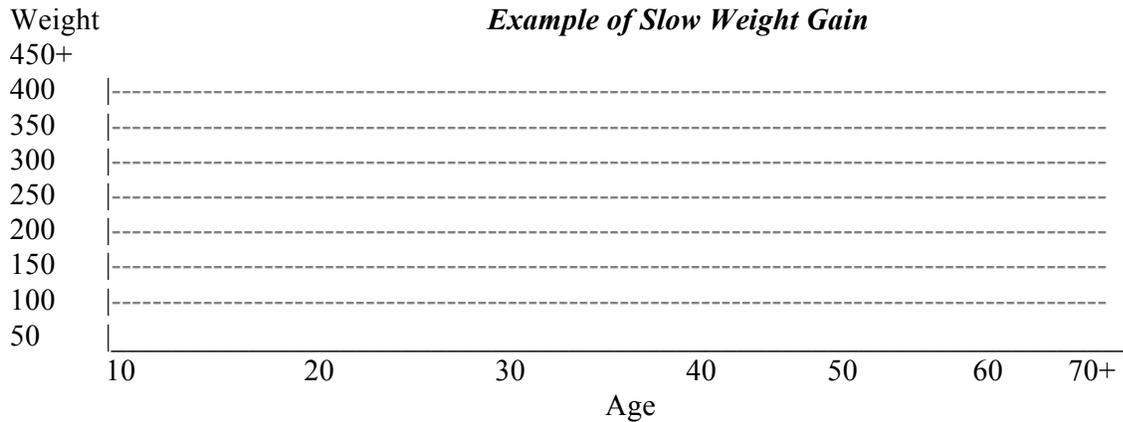
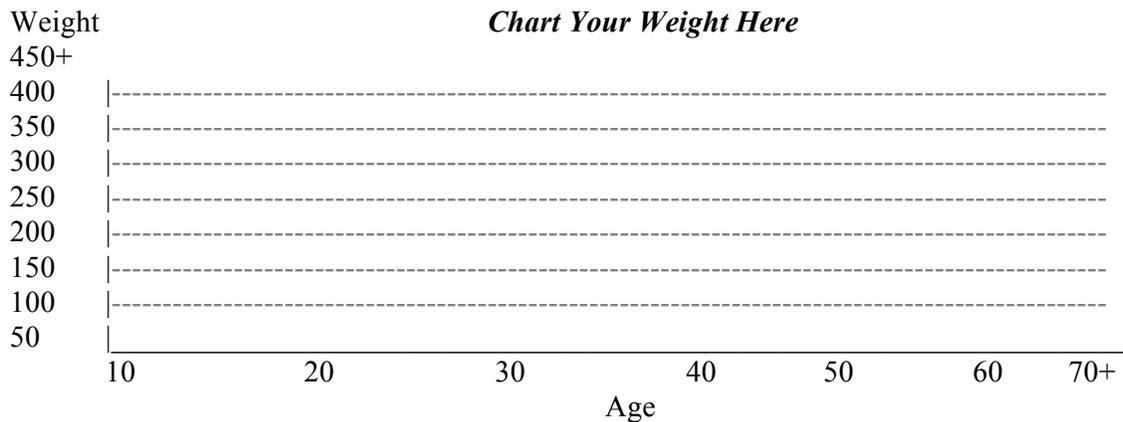


Chart Your Weight Here



Internal Harmony Center
Weight Loss Program Questionnaire

Thank you for choosing Internal Harmony Center. We are specialists at helping you make the kinds of changes you need to make in your life, so you can become slimmer, healthier and happier with yourself. Our hypnosis program is very effective, because it is tailored to your needs. Please take a few minutes to fill out this form, so we can serve you better. The hypnotherapist will use it during your meeting in order to custom design an appropriate and effective hypnosis program to meet your goals.

Name _____ Date _____

Approximately, what is your weight now? _____ What is your goal weight? _____

In your opinion, why are you not achieving and maintaining your desired weight or size at this time? _____

Please place a mark next to the statements below that are true for you. Then, go back through the list, and circle the four or five changes that you would like to make to help you the most toward your weight loss goal.

___ I would like to exercise more.

___ I would like to drink more water.

___ I would like to feel more motivated to consistently do the things I need to do to become slimmer.

___ I would like to really believe that I can lose weight.

___ I would like to be able to reduce the amount of food I eat at meal time.

___ I would like to stop snacking between meals.

___ I would like to be able not to snack so much at home, because that is one of the main problems (i.e., eating while reading, watching TV, or working at the computer).

___ I would like to be able not to snack at work, because that is one of the main problems.

___ I would like to be able to resist salty or sweet snacks, or just eliminate them completely.

(Please turn the page over and continue)

___ I would like to cut down on the amount of alcohol I drink. Those drinks are so fattening.

___ I think I am over weight because of my mother or father, etc.

___ I normally eat breakfast, but this has not always been true. I have heard “breakfast” is the most important meal of the day. But it seems (to me) if I eat breakfast, I am hungry all day long.

___ Sometimes, I eat when I am not really hungry. What percent of food do you eat because of true hunger? _____%

___ I sometimes eat when I feel (boredom, depression, anxiety, stress, loneliness, or sad, etc.)

___ I sometimes eat when I feel happy and want to celebrate, or to be social, or just because the clock says that it is time to eat.

___ I have another reason I eat in a way that is preventing me from becoming as slim and lean as I would like to be.

Why I Want to Be Slim and Healthy

Now place a mark next to some of the reasons you want to lose weight. You can add other reasons at the end of the list. After all, the purpose of this form is to learn more about how we can help you.

___ Better health.

___ More energy.

___ Fit into those clothes I wish I could still wear.

___ Improve my career opportunities.

___ Make the clothes I have fit better.

___ More self-confidence.

___ Improve my relationship.

___ Feel better about myself.

___ Shopping would be more fun.

___ Look and feel better in a swimsuit.

___ I want to look good for a special occasion (i.e. wedding or vacation). _____

___ Almost everything in my life would be better.

___ If I lost this weight, I would feel more self-confident and be a better example to others.

___ Another reason or reasons not on the list. _____

Client Signature

Date