

## New Client Information Form

The undersigned Client acknowledges that he or she has been informed of the following information:

Hypnotherapist agrees to provide professional services in accordance with acquired training and experience giving undivided attention during scheduled consultations to facilitate Client's benefits. Hypnotherapist work is client centered. Services provided utilize induction of hypnosis and methods and principles used to help clients discover their inner creative abilities to develop positive thinking and feeling to transform undesirable habits and behavior patterns.

Therapeutic goals are to achieve freedom from restrictive thought and belief systems, and to assist in solving personal problems, in order to develop motivation and achieve goals. Clients may be taught the use of self-hypnotic techniques to assist in achieving goals and resolving issues that have been mutually agreed upon by Client and Hypnotherapist.

Hypnosis is not a state of sleep, but is a natural state of mind that can produce extraordinary levels of relaxation of mind and body, and emotions. Accessing and utilizing the power of one's inner resources is the principle on which Hypnotherapy is based. Hypnosis can transcend the critical, analytical level of the mind and facilitate the acceptance of suggestions, directions, and instructions desired by the client. The therapeutic use of Hypnosis can also elicit information and insights from the inner mind. The Hypnotherapist utilized interviews, discussions, and hypnotic methods dealing with the underlying issues whenever appropriate, with the goal to achieve effective and lasting results.

Services to be provided do not include medicine, as Hypnotherapist is not a licensed physician. These services are non-diagnostic and are complementary to the healing arts services that are licensed by the state. The primary purpose for licensing laws for legally defined Healing Arts and Mental Health professionals is to protect public health and safety. Accordingly, Hypnotherapists are not issued licenses by any State Governmental Agency to engage in their professional services.

I, the undersigned Client, acknowledge that I have been advised of the forgoing information and that I have read the "New Client Information" form. I understand that Whitney Hedman is independent and not affiliated with other practitioners. I do, however, give Whitney Hedman permission to discuss and/or review pertinent information with other practitioners involve in my care, with my consent, if deemed necessary for my wellness.

I further understand that any concerns I may have regarding these services can be reported to The American Council of Hypnotist Examiners at 7183 Navajo Rd., Ste. E, San Diego, CA 92119, or by sending an email to [hypnotismexaminers.org](mailto:hypnotismexaminers.org).

Client's Name: \_\_\_\_\_ (Please Print)

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Whitney Hedman, CHT Certified Hypnotherapist**  
**Bitterroot Hypnotherapy, LLC**  
**Private Sessions**  
**(406)369-2221**

Client's Name: \_\_\_\_\_ BirthDate: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Personal Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If a change in appointment, may I call either number? Yes \_\_\_\_\_ No \_\_\_\_\_

Occupation: \_\_\_\_\_ Referred by: \_\_\_\_\_

State a short description of your primary issue, including onset date and intervals:

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Please state any previous emotional upsets, treatments, hospitalizations and medications:

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State any previous or current medical problems such as heart trouble, back problems, seizure disorders, chronic pain, etc: \_\_\_\_\_

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Check all that apply:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Childhood issues | <input type="checkbox"/> Improved learning | <input type="checkbox"/> Panic/anxiety        | <input type="checkbox"/> Self hypnosis training |
| <input type="checkbox"/> Fears/Phobias    | <input type="checkbox"/> Insomnia          | <input type="checkbox"/> Past Life Regression | <input type="checkbox"/> Stress reduction       |
| <input type="checkbox"/> Fibromyalgia     | <input type="checkbox"/> Pain control      | <input type="checkbox"/> PTSD                 | <input type="checkbox"/> Stop Smoking           |
| <input type="checkbox"/> Hypertension     |  | <input type="checkbox"/> Public Speaking      | <input type="checkbox"/> Test anxiety           |
|   |  | <input type="checkbox"/> Self-esteem          | <input type="checkbox"/> Weight reduction       |

Are you currently seeing a counselor? Y / N If yes, name of counselor: \_\_\_\_\_

Primary physician: \_\_\_\_\_ Phone: \_\_\_\_\_

*Initial if I have your permission to contact your counselor and/or physician: \_\_\_\_\_*

***Please read and sign below:*** Hypnosis is a combination of concentration and mental relaxation very similar to meditation. The best hypnotic subjects are creative, intelligent and curious. Motivation, the ability to concentrate, to use your imagination and to think positively also help your success. I understand that hypnotherapy is not a substitute for medical or psychiatric treatment. I agree to cooperate in this process and to complete any homework assigned. I have read the above statements and understand the probability of my benefiting from hypnosis. Completed sessions are not refundable.

**Please initial \_\_\_\_\_ I agree to pay \$100 for any missed appointments/late cancel/late change (24 hour notice required)** \_\_\_\_\_

*Client or authorized person's signature & Date*