

New Client Information Form



Dandelion
Hypnotherapy &
Wellness, LLC

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 utilizes 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 Hypnotherapists are 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. Medical disclaimer: Dandelion Hypnotherapy & Wellness is not substitute for clinical diagnosis or treatment, nor is the information provided intended to replace consultation with a qualified health-care provider. If you're in crisis, please contact your local emergency services.

I, the undersigned Client, acknowledge that I have been advised of the forgoing information and that I have read this "New Client Information" form. I understand that Monica Ehmann is independent and not affiliated with other practitioners. I do, however, give Monica Ehmann permission to discuss and or review pertinent information with other practitioners involved in my care, with my consent, if deemed necessary for my wellness. Confidential information may need to be disclosed if holding the information would (1) compromise anyone's safety, health, or well-being, or (2) violate the practitioner's ethical or legal responsibilities.

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 e-mail to hypnotismexaminers.org.

Client's Name: (Please Print) _____

Client's Signature: _____ Date: _____



Dandelion Hypnotherapy & Wellness, LLC
Monica Ehmann, RN, CHT
Hypnotherapy Private Sessions

Client's Name: _____ Birth Date _____

Address: _____

City: _____ Home / Cell Phone # _____

Email _____

Occupation: _____ Work Phone # _____

In the event of a change of an appointment, may I call either number? Yes ___ No ___

Referred by: _____

Primary Care Provider: _____ PH: _____

In case of Emergency, who may I contact: _____

Allergies (for the purpose of Imagery use only)

Are there any Chronic Medical Conditions I should be aware of? Ex: Depression, Anxiety, High Blood Pressure, Autism, Crohn's, etc?

State a short description of your primary problem including onset date and recurrence.

Please state any previous emotional upsets, treatments, hospitalizations:
