

(Fax completed form to 888-290-3972)

**NOTE:** All information is confidential except that which we are legally obligated to report, such as threat to injure yourself or others. The more detail you offer about your goals the more help we can be.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail \_\_\_\_\_  
Personal Status: \_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widow  
Name of Partner \_\_\_\_\_ Children yes no

Do you frequently: daydream zone out lose track of time fantasize stare off into space

Have you ever meditated? Yes No Describe \_\_\_\_\_

Define your ultimate relaxation? \_\_\_\_\_

How do you relax? \_\_\_\_\_ Are you good at it? Yes No How often relax/wk? \_\_\_\_\_

Do you schedule relaxation? Yes No Do you think it's a good idea? Yes No

What prevents you from routinely relaxing? impatience job schedule family inability low priority

Do you experience any compulsive tendencies? \_\_\_\_\_

List any current health problems: \_\_\_\_\_

Under psychologist/psychiatrist care? \_\_\_\_\_

List any current prescription medication, vitamin or herbs \_\_\_\_\_

**Hypnosis for medically diagnosed problems requires your physician's consent. If this applies to you please fill in contact information below:**

**MD:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_



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List 3 important lifetime goals \_\_\_\_\_

List 3 hobbies/past-times \_\_\_\_\_

Current occupation? \_\_\_\_\_ Do you enjoy your work? \_\_\_\_\_

List anything you would like to improve at \_\_\_\_\_

If you could do or become anything you chose what would it be? \_\_\_\_\_

Ever received hypnosis? (If so describe) \_\_\_\_\_

Why are you pursuing hypnosis now? \_\_\_\_\_

How did you hear about Paul Gustafson? Web  TV  Radio  MD  Friend

Do you follow any religious practices? (If so, describe) \_\_\_\_\_

### Check all that apply

Nervousness	Inability to relax	Sadness
Sexual concerns	Constant worrying	Nail biting
Teeth grinding	Nightmares	Poor health
Cigarette smoking	Alcohol abuse	Drug abuse
Overeating	Eating disorder	Self-mutilization
Codependency	Inability to focus attention	Forgetfulness
Relationship problems	Inactivity/sedentary lifestyle	Lack of confidence
Recent illness of a loved one	Disruptive fears	Childhood trauma
Recent death of a loved one	Lack of energy	Poor self-esteem
Abusive home situation	Difficulty focusing	Lack of success
Abusive work situation	Compulsive gambling	Other

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**SMOKING CESSATION**

How much do you smoke? \_\_\_\_\_ For how long? \_\_\_\_\_ Ever quit before? \_\_\_\_ When? \_\_\_\_\_

If so, how? \_\_\_\_\_ For how long? \_\_\_\_\_ Why start back up? \_\_\_\_\_

Why do you smoke? \_\_\_\_\_

Does smoking give you pleasure? \_\_\_\_\_

How much do you spend annually on smoking? \_\_\_\_\_ What brand do you smoke? \_\_\_\_\_

How does smoking affect your health? \_\_\_\_\_

**WEIGHT LOSS**

How long have you been overweight? \_\_\_\_\_ How much do you need to lose? \_\_\_\_\_

Lost weight before? Yes No When \_\_\_\_\_ How \_\_\_\_\_ How long \_\_\_\_\_

Are you an emotional eater? Yes No Circle all that apply: sad angry lonely happy bored

You buy groceries? Yes No Junk food meals/wk \_\_\_\_ 12 oz soda/wk? \_\_\_\_ 12 oz water/wk? \_\_\_\_

Do you exercise? Yes No If so, how? \_\_\_\_\_ Feel good when exercise? Yes No

Is thyroid function OK? Yes No Why lose weight now? \_\_\_\_\_

Benefit in any way being over weight? \_\_\_\_\_ Do you want to be fit/healthy? Yes No

**RELEASE STATEMENT:** I hereby authorize Paul Gustafson, RN,BSN,CH to hypnotize me for the purposes outlined in this intake form and for future purposes that I may request. I understand there is no guarantee of success. I also understand that my success with hypnosis depends greatly on my ability to relax, my desire to create positive change as well as being an open and willing participant.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian** (if under 18 years of age)

\_\_\_\_\_  
**Date**



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### Client Bill of Rights

**Contact Information:** 58 Peach Orchard Rd Burlington, MA 01803. Phone and fax: 888-290-3972  
email: info@BurlingtonHypnosis.com

**Education and Training:** Paul Gustafson, R.N., B.S.N., C.H. is a Registered Nurse and has a Bachelor of Science Degree from the University of Massachusetts, Lowell. He is trained and certified in Medical, Irritable Bowel Syndrome, Metaphysical and Regression Hypnosis. He is a member of the National Guild of Hypnotists and does annual continuing education to maintain his training at a high level.

**Notice:** THE STATE OF MASSACHUSETTS HAS NOT ADOPTED ANY EDUCATION AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. Under Massachusetts law a hypnotherapist may not provide a diagnosis or recommend a discontinuance of medically prescribed treatments. If a client desires a diagnosis or any other type of treatment from a different practitioner, the client may seek such services at any time. A client has the right to know the expected duration of treatment, and may assert any right without retaliation.

**Redress:** Paul Gustafson, R.N.,B.S.N.,C.H. is a Certified Member of the National Guild of Hypnotists and practices hypnosis in accordance with its code of ethics and standards. If you have a complaint that Paul Gustafson can not resolve with you personally, you may contact the National Guild of Hypnotists at P.O. Box 308, Merrimack, NH 03054-0308, 603-429-9438.

**Payment Fee:** Payment in full for visit packages due on 1<sup>st</sup> visit. Major CC accepted. Single visit \$125; 2 visit smoking cessation \$275; 3 visits \$300; 4 visits \$400; 4 visits L-O-A \$450; 6 visits \$600.

**Refund Policy:** You have 6 months to use prepaid office visits after which they expire. You also have 6 months from time of initial visit to request a refund for unused sessions, which is in the form of gift certificates.

**Missed appointment fee \$50**

**Returned check fee \$25**

**Confidentiality:** Paul Gustafson will not release any information about you without written authorization from you, except as provided for by law. You have a right to access your records.

**Insurance Coverage:** It is quite rare for health insurance coverage. You should expect to be responsible in full for your sessions. You will receive a detailed invoice so that you may pursue reimbursement from your insurance company if you so desire. All major credit cards accepted.

**I have read and understand the Client Bill of Rights:**

**Client Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_