



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

Name

Date of birth

Sex

Address

City

State

Zip

Work #

Cell #

Home #

Emergency contact phone

E-mail

Secondary phone

1. Why are you pursuing hypnosis?

2. When and under what circumstances did this issue begin?

3.. How has this affected your life and what specifically about your issue is leading you to seek help?

4. What other kinds of therapies have you tried?



5. Previous experience with hypnosis, meditation, guided imagery

Yes No

6. How did you hear about Burlington Hypnosis?

Website Google Facebook Twitter Other

5. Have you watched the introduction to hypnosis video? Yes No

6. Under psychological care? Yes No

If yes please explain.

7. Please check all that apply:

Anger	Anxiety	Insomnia	Hopelessness
Crying	Fatigue	Self-injury	Depression
Worry	Phobia	PTSD	Nightmares



Terms & Conditions

NOTE: Terms hypnotist/hypnotherapist/practitioner are used inter-changeably in following document.

1. Paul Gustafson RN CH has reviewed the scope of his hypnosis/hypnotherapy practice and I give my full consent to receiving hyp-nosis/hypnotherapy sessions by Paul in today's session and in any future sessions.
2. I understand that results vary and that the Paul does not guar-antee results or how you may experience hypnosis/hypnotherapy session(s).
3. I understand that hypnosis/hypnotherapy is not a replacement for medical, psychological or psychiatric services or counseling and on rare occasion hypnosis/hypnotherapy can exacerbate some psychological conditions.
4. I understand that Paul does not treat, prescribe or diagnose med-ical or psychological condition(s).
5. I understand that the Paul is a facilitator/practitioner of hypno-sis/hypnotherapy and is not practicing any other profession that requires a license under the laws of the state of Massachusetts.
6. I understand that I am free to terminate sessions at any time.
7. I have agreed to participate in each session to the best of my ability.
8. I have accurately provided pertinent background information.
9. I understand that anything I discuss with Paul will remain con i-dential and private.
10. I agree to pay for services on or before each session unless other arrangements have been made in writing. I understand that all prepaid sessions must be used within 90 days from initial visit.

Notice: THE STATE OF MASSACHUSETTS HAS NOT AD-OPTED ANY EDUCATION OR TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY.



Under Massachusetts law a hypnotist/hypnotherapist may not provide a diagnosis nor recommend a discontinuance of medically prescribed treatments. If you desire a diagnosis or any other type of treatment from a different practitioner, then you may seek such services at any time. You have the right to know the expected duration of treatment, and may assert any right without retaliation.

24 hr notice for missed appointments \$75 fee for missed appointments
\$75 fee for bounced checks

I have read, understand and accept these Terms and Conditions:

Client full name

Date

[Redacted signature area]

My name typed above acts as my legal signature

(Parent or guardian if under 18 years of age)