

Client Information and Participation Agreement
For Neuro-Linguistic Programming

Genevieve Siegel, of Gen-Touch Massage and Holistic Therapy, provides the following services: Neuro-Linguistic Programming

This information will be used to aid in serving you as the client. Please answer honestly. Please know that answering yes or no to any particular question does not mean that you cannot receive services from this practitioner. Your honest answers serve in your receipt of appropriate care and service. All information will be kept confidential within the Health Insurance Portability and Accountability Act (HIPAA) regulations.

Client's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone number you prefer to be reached at: (_____) _____

Is it ok to leave phone messages for you at this number? Yes _____ No _____

Age: _____ Marital Status: Single _____ Married _____ Divorced _____

1. What is the main issue you wish to resolve with hypnotherapy/NLP?

2. Any Medical conditions or challenges?:

3. Are you currently under a physician's care for any of the above conditions?

Yes _____ No _____

A) If Yes, name of physician: _____

4. When was your last visit with a physician? _____

5. Was anything about this visit notable? If so, explain briefly: _____

6. Have you spoken to your physician about hypnotherapy as an adjunct to your treatment? Yes _____ No _____

7. Are you currently taking any medication(s)? Yes _____ No _____

A) If Yes, what are the names of the medications, and how do they affect you?

8. Have you ever been hypnotized? Yes _____ No _____

A) If Yes, briefly explain your experience:

9. Have you ever had any mental health treatment, such as with a counselor, therapist, psychologist, or psychotherapist? Yes _____ No _____

A) If Yes, give a brief history of your mental health treatment and the results of your treatment:

10. Are you receiving any mental health treatment now? Yes _____ No _____

A) If Yes, name of mental health professional: _____

B) Have you spoken to your mental health professional about hypnotherapy as an adjunct to your treatment? Yes _____ No _____

11. Do you have thoughts of hurting yourself or taking your own life? Yes _____ No _____

12. Do you take any prescribed psychotropic medications? Yes _____ No _____

A) If Yes, what are the names of the medications, and how do they affect you? _____

13. How were you referred to me? _____

14. Briefly describe your spiritual/religious/life philosophy: _____

Other issues or areas I would like to resolve:

- | | |
|---|--------------------------------|
| _____ Stress/Anxiety | _____ Forgiveness |
| _____ Guilty or Angry Feelings | _____ Relationship Issues |
| _____ Fears, Phobias, or Trauma Recovery | _____ Job Performance |
| _____ Low Self Esteem or Shyness | _____ Unwanted Habits |
| _____ Lack of Motivation | _____ Smoking Cessation |
| _____ Body Shape | _____ Sports/Skill Performance |
| _____ Spiritual Growth | _____ Self Confidence |
| _____ Test Taking/Accelerated Learning/Memory Improvement | |
| _____ Chronic Pain (already assessed by a physician) | |
| _____ Accelerated Healing (already assessed by a physician) | |

Other: _____

Agreement:

Like the practice of medicine, Hypnotherapy, Self-hypnosis, Regression and NLP are not absolute sciences. I personally know of no case on record where an individual has been harmed by the use of these methods. I do know of thousands of cases where people of all walks of life have benefited greatly from the use of these methods. As a general practice, it is necessary for everyone taking part in private sessions, classes, workshops and seminars with Genevieve Siegel, to sign this disclaimer.

I am of legal age, and in consideration of my acceptance as a participant in this Private Hypnotherapy or NLP session, Seminar, Workshop, Class or Training, I for myself, my heirs, my executors, administrators and assignees, do hereby release and discharge Genevieve Siegel and any of her employees, her company, Gen-Touch Massage & Holistic Therapy, or other participants in any of the activities, from all claims of damages arising from, or growing out of my participation. I further understand that recordings may be made at any of these events, and that Genevieve Siegel and her organization retain copyright to all of these recordings.

Signature: _____ Date _____

If under eighteen years of age:

Legal Guardian: _____ Date _____