



Dear New Client,
This is the confidential intake form. Please fill it out and bring it with you to our appointment.

Champlain Hypnosis is located at the corner of Kennedy Drive and Dorset Street at 1 Kennedy Drive in South Burlington. The unit number is L8 which is on the back side on the lower level. The office is directly across from the South Burlington High School on Kennedy Drive. A map can be found at www.champlainhypnosis.com. Please have a seat in the waiting area. I will meet you there.

Please call 802-999-6444 with any questions or if you can not make this appointment.

Sincerely,
Anita Germain, Certified Hypnotherapist

CLIENT CONFIDENTIAL INFORMATION

Client Name _____

Email Address _____ Date of Birth ____ / ____ / ____

_____, VT
Street Address _____ City / State _____ Zip code _____

() _____
Home phone

() _____
Work phone

() _____
Cell / Other

Relationship Status: Single Married Civil Union Divorced Domestic Partner Other How long together _____

Occupation: _____

What are your reasons for seeking hypnosis now? _____

Have you ever been hypnotized? Y N Please describe the experience

Have you attempted to solve this issue before? Y N How? Outcome? _____

Have you or someone significant in your life had any problems in the following areas?

(Check all that apply)	Who? (i.e.: Self)	When? (i.e.: Fall 2003)
Marital		
Relationship		
Family		
Children		
Employment		
School		
Financial		
Legal		
Death		
Pregnancy / Miscarriage		
Abortion		
Physical / sexual abuse		
Changes in living situation		
Feelings difficult to handle		
Alcohol / Drugs		

Previous Therapy: Include outpatient treatment, psychiatric hospitalization, dates, therapist names, and reasons

Significant Medical Information List any major medical problems, including hospitalizations and dates of treatment

List all medications, prescriptions and non-prescription, you have taken during the last 6 months and reason

Doctor's name _____ Address _____

Phone _____

Permission to contact your doctor YES NO

PROFESSIONAL PRACTICES

Please read the information about Champlain Hypnosis' professional practices carefully and ask any questions prior to signing.

Appointments & Fees: Sessions are generally 60-120 minutes. The client pays on the day of service for the time spent in the session. The hourly rate is \$75/hour payable by cash or check.

Cancellations: Time is set aside by the hypnotherapist specifically for the client session. In the event that you must cancel an appointment, please call 802-999-6444 at least 24 hours in advance. Failure to give adequate notice will result in your being billed the hourly rate.

Consent for Treatment: I voluntarily consent to hypnosis for myself or my minor child. I understand that there are both benefits and risks involved with engaging in hypnotherapy and that there are no guarantees about the outcome.

SIGNATURES

My signature below indicates that I have had an opportunity to ask and have my questions answered about the above information and I have read, understand and agree to abide by all of the above outlined terms.

_____ Date _____
 Print Name of Client Client Signature

_____ Date _____
 Print Name of Parent or Legal Guardian Signature of Parent or Legal Guardian