



Hypnosis Works NYC Intake Form – Integrated Imagery: Regression Hypnosis

Name.....DOB (mm/dd/yy)

Address.....
.....

Tel. No.....

Email Address

Marital Status.....No. of children.....

Hobbies/Interests.....

Occupation.....

About Integrated Imagery: Regression Hypnosis:

Integrated Imagery: Regression Hypnosis is a psycho-spiritual experiential technique that makes deliberate use of altered states of consciousness to enable people to access the many dimensions of the unconscious mind. One primary objective is to uncover and process the origins of the negative and positive dynamics which affect our daily lives, whether considered as karmic patterns or psychological complexes. These antecedents are inevitably reflected in, and influence, a person's existential well-being, sense of personal meaning or sense of Soul Purpose, and may be associated with the biographical life or what appear to be the karmic roots from other lifetimes.

In the process of exploring the unconscious mind and the formation and function of both negative and positive complexes, Integrated Imagery focuses on the Energetic Chain of Experience. This continuum of states of consciousness includes the biographical present life, the pre- and perinatal, perceived past life, afterlife, between life, before life and future life experience. This technique of accessing experiences in the Energetic Chain and transpersonal states of consciousness is very much a positive psychological method. The emphasis is on enlivening and reinforcing those positive biographical and karmic themes which contribute to one's Soul Purpose while de-energizing the negative which may be causing disruptions in the present life.

What is your treatment objective?

Is there any part of your past that you do not want to explore (certain ages or experiences).....
.....
.....

Other Fears/Phobias

Compulsive Habits.....

Do you suffer from asthma or allergies.....

Have you ever suffered from depression.....

Have you suffered from epilepsy in the last two years.....



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Have you ever had treatment from a Psychologist/Psychiatrist/Hypnotist

If yes please provide details.....

Have you had hypnosis before.....

Where did you hear of Hypnosis Works NYC?

How would you describe your current state of health?

- Physical -
- Emotional -
- Mental -
- Spiritual -

Are you currently taking any drugs/medication.....

Details of any major operations.....

Doctors name and address (optional)



I have been advised of the scope of Integrated Imagery: Regression Hypnosis practice and I give my full consent to receiving Regression Hypnosis.

I understand that results vary and that the practitioner may not guarantee results.

Regression Hypnosis is not a replacement for medical treatment, psychological or psychiatric services or counselling.

I understand that the Regression Hypnosis does not treat, prescribe for or diagnose any condition.

I understand that the practitioner is a facilitator of hypnosis or and is not practicing any other profession that requires a license.

Yes/No I am aware and understand that in some cases it may be necessary for the practitioner to respectfully touch my shoulder(s), hand, wrist, or forehead in order to assist me in relaxation. I give the practitioner permission and consent to do so in order to help me establish a beneficial state of hypnosis.

I have been advised that I am free to terminate any or all sessions at any time.

I have agreed to participate in each session to the best of my ability.

I have accurately provided background information as requested by the hypnotist/hypnotherapist and confirm that I have no conditions that mean hypnosis is contraindicated.

I understand that confidentially regarding my sessions will be honored unless the practitioner feels that I or someone else are in danger, in which case disclosures will be kept to a bare minimum necessary for my protection or the protection of a third party.

Audio Recordings

Unless expressly stated otherwise we will record all sessions so that you can decide whether to have the recording at the end of the session.

I would like to have a recording of my session emailed after session completion

I have been informed that copies of any and all recordings are available to me at the agreed schedule but will not be made available to any third party without my written permission or a court order instructing Hypnosis Works NYC to make copies available.

Please remember to switch off your mobile phone during our sessions.

Signed

Date (mm/dd/yy).....