

### CLIENT DATA & HEALTH RECORD

Please fill out the following information as completely as possible. All information will be treated as confidential and will not be released except upon your request.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ PC: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  M  F Marital Status:  S  M  D  W Children: \_\_\_\_\_  
(mm/dd/yyyy)

How did you hear about us? \_\_\_\_\_ Referral (if applicable): \_\_\_\_\_

- PRIMARY GOALS:**
- Smoking/Tobacco Cessation      Self-Control with:  Alcohol       Anger
- Stress Management       Motivation/Procrastination       Confidence       Relationships       Weight Management
- Self-Esteem/Self-Image       Facilitate Wellness       Fear/Apprehension       Exam or Study Skills
- Other \_\_\_\_\_  Change Habit(s): \_\_\_\_\_
- Medical/Mental Health Issue \_\_\_\_\_
- What are your current goals for Hypnotherapy? \_\_\_\_\_

**MEDICAL HISTORY:**

Are you under the care of a physician or mental health professional for any ongoing condition or illness? \_\_\_\_\_

Reason: \_\_\_\_\_

Please list any significant current or past health issues and dates:

Year	Details

Are you in any physical pain, either intermittent or constant? \_\_\_\_\_

Where: \_\_\_\_\_

Medications or Supplements you are currently taking:

Medication or Supplement	Reason

Do you consume alcohol? \_\_\_\_\_ If so, how often? \_\_\_\_\_ How much? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ If so, how many per day? \_\_\_\_\_

Have you tried to quit, and if so, what prevented you from quitting? \_\_\_\_\_

Have you considered taking your own life in the past? \_\_\_\_\_ Are you now considering taking your own life? \_\_\_\_\_

Have you been diagnosed with any of the following?

- OCD (Obsessive-Compulsive Disorder)
  Severe Clinical Depression
  Schizophrenia
  Bipolar or Manic-Depressive  
 Seizure Disorder
  Post-Traumatic Stress Syndrome
  Alzheimer Disease or Dementia  
 Brain injury
  Other \_\_\_\_\_

Any previous experience with hypnosis? \_\_\_\_\_ Reason: \_\_\_\_\_

Group or Individual? \_\_\_\_\_ Results: \_\_\_\_\_

Please briefly share anything else that would be helpful to know about you, (i.e., recent life-changing events such as deaths, divorce, relationships, job changes, health issues, past trauma, accidents, etc.):

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Year	Details

## **OFFICE POLICY AND DISCLOSURE**

### **A. INFORMATION & OFFICE POLICY**

**CONTACT INFORMATION:** Jeff A. Dunbar BBA CH MNLP, Certified Consulting Hypnotist  
Suite 206-20641 Logan Avenue  
Langley, British Columbia, Canada V3A 7R3  
[jeff@jeffdunbar.ca](mailto:jeff@jeffdunbar.ca)  
[www.jeffdunbar.ca](http://www.jeffdunbar.ca)

**EDUCATION & TRAINING:** I was trained in hypnosis and hypnotherapy at Coastal Academy of Hypnotic Arts and Sciences in Surrey, BC. I am a Certified Member of the National Guild of Hypnotists (NGH), which requires annual continuing education to maintain my training at a high level. The National Guild of Hypnotists is the oldest and largest hypnotism organization in the world and its certification is the most widely recognized credential for the professional practice of the hypnotic arts. In addition, I have studied or trained in Hypnosis & Hypnotherapy, NLP, Time Line Therapy, EFT, Life Coaching and Cognitive Behavioral Therapy

**FEES & PAYMENT:** Payment is due in full at the time of service by cash, Visa, MasterCard and Amex. A \$25 fee will be assessed on all returned checks. Some programs require prepayment for all sessions before you begin. The fees for your particular issue or goal will be discussed with you prior to your first visit as will the possibility of multiple sessions to address your issue. Fees are subject to periodic review and change. Your fee schedule will remain the same for at least 12 months.

**CANCELLATION POLICY:** My time is my income and my hours are by appointment. Your time slot is reserved exclusively for you. Please arrive promptly to obtain your full session. **24-hour cancellation notice is required**, otherwise full session fees will be charged. If you must cancel or reschedule please notify me as soon as possible. Cancellation fees may be reduced or waived in cases of emergency or inclement weather. Thank you for your consideration.

**PREPAID SESSIONS:** The above Cancellation Policy also applies to any programs with prepaid sessions. 24-hour notice is required. Failure to keep your appointment short-notice cancellations will result in the forfeiture of a prepaid session. No refunds will be given for unused prepaid sessions. All **prepaid sessions are non-refundable and non-transferrable** and will expire after twelve months.

**CONFIDENTIALITY:** I will not release any information to anyone without a written authorization from you, except as provided for by law. You have a right to be allowed access to my written record or a summary of my record about you. I will not contact any other practitioner about you without your explicit and written consent.

**MINORS:** All clients must be of the legal age of 19. I may accept minor clients on a case by case basis with the consent of a legal guardian.

**INSURANCE:** I do not file insurance or any other third-party claims. Insurance companies usually consider hypnosis as an alternative therapy and therefore do not cover it. Some Flex Spending accounts or Employer Wellness Programs may reimburse employees. Upon request, a statement will be provided for you to submit for possible reimbursement. Please check with your company.

**REDRESS:** I am a certified member of the National Guild of Hypnotists, and practice in accordance with its Code of Ethics and Standards. If you have a complaint about my services or behavior that I cannot resolve for you personally, you may contact the National Guild of Hypnotists at P. O. Box 308, Merrimack, NH 03054-0308, (603) 429-9438, to seek redress. Other services than my own may be available to you in the community. You may locate such providers on the web.

**MY APPROACH:** I believe that individuals have the right to choose or practice alternative or complementary self-improvement services. Hypnosis is safe and non-invasive. I do not represent any of my services as any form of health care, psychotherapy or counseling. Hypnosis is not meant to be a substitute for psychological or professional counseling. I use hypnosis to motivate clients to eliminate negative or unwanted habits, facilitate the learning process, improve memory and concentration, develop self-confidence, eliminate stage fright, improve athletic ability, reduce/manage stress, focus on positive thoughts and desired outcomes, and for other social, educational and cultural endeavors. In general, I help people cope with the normal problems of everyday living by utilizing various techniques of hypnosis and progressive relaxation. Most hypnosis is of a non-medical nature. I provide my clients with personal support and tools with which they can continue to support themselves.

**GUARANTEE AND REFUND POLICY:** No guarantees as to the effectiveness of hypnosis for your particular problem are made or implied, as it is impossible to guarantee human behavior or compliance. Therefore, no refunds for services are given. Hypnotherapy is not a quick fix or magic pill. A hypnotherapist is considered a coach, guide or facilitator. You assume equal responsibility by making a commitment and allowing yourself to be guided into a state of hypnosis. No one can make you do something against your true will. I sincerely want you to succeed and pledge my efforts to help you to the best of my ability.

## **B. DISCLOSURE NOTICE**

As a non-licensed helping professional who offers alternative health care, I, Jeff A. Dunbar BBA CH MNLP, am notifying you that:

1. I am not a physician or a licensed health care provider and may not provide a medical diagnosis nor recommend discontinuance of medically prescribed treatments
2. The use of Hypnotherapy, Energy Therapies, and Coaching are considered alternative and complementary to health care services provided by physicians and other licensed health care providers; and
3. These treatments are not licensed by the Province of British Columbia.

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. In the event my services are terminated by a client, the client has a right to coordinated transfer of services to another practitioner. A client has the right to refuse hypnotherapy services at any time. A client has a right to be free of physical, verbal, or sexual abuse. A client has a right to know the expected duration of sessions, and may assert any right without retaliation.

Hypnosis may be effective in relieving some medical conditions (i.e., pain management, migraines, IBS, etc.) but will require a signed release from your doctor or appropriate health care professional to avoid masking symptoms before proper diagnosis and/or medical treatment has been obtained. Non-medical issues (i.e., smoking, weight loss, confidence, etc.) will not need a form.

Hypnosis is not a substitute for medical care and that services have not been represented to you as any form of healthcare or psychotherapy. If you are currently on medications or under the care of a physician you agree to continue these medications and care until such time as you are released from care by your physician. If you are under the care of a psychiatrist, psychologist or psychotherapist, or you are taking psychotropic medications, you agree to disclose this to the Hypnotherapist and you have also discussed with your psychiatrist or psychologist your intention to be hypnotized.

Despite research to the contrary regarding hypnosis, no health claim is made in regards to the services offered. If medical symptoms develop or persist you agree to seek medical attention. In the event of a medical emergency or feelings of suicidal or homicidal ideation, you agree to call '911' or seek emergency medical care at an appropriate hospital emergency room.

The methods of hypnosis include relaxation, deep breathing, creative visualization and other techniques that many produce physical and emotional responses. You have been informed as to the limits of hypnotic intervention and you understand that you can ask at any time for referral to any healthcare provider.

The risks of hypnosis are generally considered benign, and that in rare instances fatigue, drowsiness or feelings of a "hypnotic hangover" are reported. You agree to inform your hypnotist of any adverse feelings, behaviors or physical problems immediately upon onset following your session.

I do not offer forensic hypnosis or repressed memory work, because one known risk is the creation of false memories in such therapy.

At any time, you may request the termination of hypnosis, at your expense, even in the middle of a session, and that a referral to another provider of hypnosis or healthcare services will be provided upon request.

I HAVE READ, FULLY UNDERSTAND AND ACCEPT THE ABOVE INFORMATION, OFFICE POLICY AND DISCLOSURE. I acknowledge I am entitled to a copy of this statement, by request, and I represent that I am over the legal age of 19 in the Province of British Columbia.

**I have read and understood all of the above**

**Client Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
(mm/dd/yyyy)