



CRYSTALIGN CHIROPRACTIC

Asheville's Transformative Healing Center

HYPNOTHERAPY CLIENT INTAKE FORM— Please answer all questions. Type or print clearly. Thank you.

Date _____

Last Name: _____ First: _____ Initial: _____

Address: _____ Apt.# _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone Nos.: Home (____) _____

Cell (____) _____ Work (____) _____

Employer: _____ Occupation: _____

Date of Birth: _____ Age: _____; M, F; Relationship Status: _____ Children? _____

Wearing contact lenses? _____ During hypnosis your eyes will be closed for about 45 minutes. If your contacts will cause eye irritation, you may want to bring your lens holder and solution so you can remove them just before hypnosis.

Hearing problem? _____ I can position you for optimal hearing or speak louder if needed. If you normally wear a hearing aid, please use it as you will have your eyes closed and will not be able to lip-read during a session.

MARKETING INFORMATION: Thank you for helping me promote my services. How did you hear about me?

Internet Search; Office Sign; Advertisement; Business Card; Client or Physician Referral—

Their name: _____.

Can you visualize an image or scene if it was described to you? _____ Yes _____ No _____ I'm not sure

► PRIMARY GOALS: Smoking/Tobacco Cessation; Self-Control with Alcohol; Anger; Other _____; Stress Management; Sleep Improvement; Motivation/Procrastination; Confidence; Relationships; Weight Management; Attitude/Outlook; Fear/Apprehension: _____;

Study Skills; Self-Esteem/Self-Image; Facilitate Wellness; Change Habit(s): _____
 Medical/Mental Health Issue (Referral required): _____;

Primary Issue:

When and under what circumstances did this issue begin?

How has this affected your life?

What specifically about your issue is leading you to seek help?

Do you associate any of these emotions with your issue?

____ Abandonment ____ Anger ____ Anxiety ____ Boredom ____ Depression ____ Embarrassment ____ Fear
____ Frustration ____ Grief ____ Happiness ____ Loneliness ____ Loss ____ Relaxation ____ Sadness
____ Shame ____ Other (list)

What is your 1 month goal regarding this issue(s)?

What is your 6 month goal regarding this issue(s)?

BRIEF MEDICAL HISTORY:

Are you under the care of a physician for any ongoing condition or illness? _____

For _____

Are you currently on any medication? _____

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

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; Parkinson's disease; Alzheimer disease or dementia; Brain injury; Diabetes.

Details: _____

Any previous experience with hypnosis? ____ When: _____ Reason: _____ Group or Individual? ____ How did it go for you? _____

Do have a spiritual connection? _____

Briefly Describe _____

May I reference it in our session? _____

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.):

Any Phobias or Fears? _____

Please note the most relaxing place you can imagine. _____

Please tell me your favorite place to be when you are having personal/relaxing time _____

Please read and sign the CLIENT BILL OF RIGHTS & CONSENT FORM which includes my Office Policy.

CLIENT BILL OF RIGHTS & CONSENT FORM

CONTACT INFORMATION: My name is Dr. Anya Harris, DC, CH (Certified Hypnotist). I can be contacted through my office, Crystalign Chiropractic at 218 Patton Ave. Asheville, NC 28801 Phone: (828) 552-3111 Website: www.crystalignchiro.com Email: crystalignchiro@gmail.com. Office hours are by appointment.

EDUCATION & TRAINING: I was trained in hypnosis by Certified Instructor Krisin Shelly, CH owner and hypnotist at Transformational Hypnosis. I became a Certified Hypnotherapist in 2024. 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. I graduated with a Bachelor of Science in Psychobiology in 1997 and I have been a Chiropractor and health coach since 2002.

REQUIRED NOTICE: AS THE STATE OF NORTH CAROLINA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. Hypnotism is a self-regulating profession and its practitioners are not licensed by state governments. 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. 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 coordinate transfer of services to another practitioner. A client has the right to refuse hypnotism 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.

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 via Google search.

FEES & PAYMENT: Session fee is \$225/hour. Payment is due in full at the time of service by cash, check, MasterCard, Visa, or Discover Card. A \$25 fee will be assessed on all returned checks. The fees for your particular issue or goal will be discussed with you prior to your first visit. You will be given a fee schedule and estimated number of visits at your first session. Fees are subject to periodic review and change.

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. A 24-hour cancellation notice is required,

except in an emergency or inclement weather. If you must cancel or reschedule due to an emergency, please notify me as soon as possible. Thank you for your consideration.

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.

MINORS: Appointments for children under age 18 require written consent from the parent or guardian, who must accompany them at each visit.

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.

MEDICAL HYPNOSIS: Hypnosis is effective in relieving some medical conditions (i.e., pain management, migraines, IBS, etc.) and in some cases it 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. Of course, non-medical issues (i.e., smoking, weight loss, confidence, etc.) will not need a form.

MY APPROACH: Hypnosis is safe and non-invasive. The services I render are held out to the public as a form of motivational coaching and education, combined with instruction in self-hypnosis. I do not represent any of my services as any form of psychotherapy or counseling. Hypnosis is not meant to be a substitute for psychological or professional counseling. If you have an ongoing mental health problem, please consult a professional mental health practitioner licensed in the State of North Carolina. 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.

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. Hypnosis is not a quick fix or magic pill. A hypnotherapist is considered a 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.

I HAVE READ THIS CLIENT BILL OF RIGHTS AND I FULLY UNDERSTAND WHAT I HAVE READ. I acknowledge receipt of a copy of this statement for future reference.

Client Signature: _____

Printed Name: _____ Date: _____

Thank you and I look forward to working with you!