Adult intake and strategy planning for All information is strictly confidential

 Positive Spiral Hypnosis

 Claire de la Varre, PhD, CH, CI

Name:  Date:

Cell/Mobile: Email:

Sex (at birth): [ ] M [ ] F Preferred pronouns:  Age:  Height:       Weight:

Occupation:  Do you enjoy your work? [ ] Yes [ ] No

Currently in a relationship? [ ] Yes [ ] No Spouse/partner's first name:

Do you have children? [ ] Y [ ] N If yes, what ages are they?

Any well-loved pets?

What do you do for fun, relaxation, outdoor activities etc.:

Preferred way to connect for our scheduled chat: [ ] FaceTime [ ] Zoom videoconference [ ] Phone call

Reason for this appointment/issue you would like to address:

Is this issue a pattern for you in your life (e.g. has it happened multiple times or occurred over a period of time) or is

this a one-off thing? [ ] Yes, it is a pattern [ ] No, it is just a one-time thing

How do you feel (e.g. emotionally, physically) when you think about the issue?

What do you tell yourself in your head about the issue?

What steps have you taken so far to address the issue?

Why are you seeking help to make changes at this point in your life?\_

Short-term goal(s)

What has been holding you back from reaching your short-term goal(s)?

Long-term goals

How would your life be different if this issue or problem went away and/or you achieved your goal(s)?

Additional problems or issues you would like to address:

Have you been treated for this problem before by a medical, mental health, or other professional? [ ] Yes [ ] No

If yes, please explain:

Have you worked with a hypnotist before? [ ] Yes [ ] No If yes, for what purpose?

How did you hear about me?

Are you a veteran? [ ] Yes [ ] No

Please share any other information or questions you would like me to know:

***For each statement below, please check the box if you agree with the statement, then sign and date the form.***

[ ] I understand that Positive Spiral Hypnosis programs require a commitment of a minimum of 2.25 hours ($270).

[ ] I understand that additional sessions may be necessary for success and I have the option at any time of declining additional sessions. Additional sessions are $120 per hour.

[ ] I am willing to be guided through relaxation, visual imagery, creative visualization, hypnosis, and stress reduction processes and techniques for the purpose of self-improvement. Sessions may be recorded.

[ ] I understand that the hypnosis I receive is not a substitute for medical care and I am welcome to discuss this hypnosis with any current physician or healthcare provider.

[ ] I will continue any present medical treatment and will not discontinue any medications without first consulting my physician.

*[ ]* I understand that if I choose to sign my name electronically on this page (page 2, Hypnosis Strategy Planning Form) I agree that my electronic signature is the legal equivalent of my manual signature on this document.

Signature:  Date (m/d/yy):