

## CLIENT INTAKE FORM for Hypnosis or Life Coaching Services

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone number: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_  
Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Children: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

### Medical History

Health problems and Medications: \_\_\_\_\_

Name of Physician/Psychologist: \_\_\_\_\_ Tel: \_\_\_\_\_

Why do you need Services? \_\_\_\_\_

Check others that apply:

\_\_\_\_ Weight control \_\_\_\_ Stress \_\_\_\_ Sleep better \_\_\_\_ Motivation \_\_\_\_ Optimism \_\_\_\_ Self-confidence  
\_\_\_\_ Stop procrastination \_\_\_\_ Health \_\_\_\_ Spirituality \_\_\_\_ Other

Describe any previous efforts to solve this problem: \_\_\_\_\_

Please list at least 6 Benefits of making this change in your life:

1.-

2.-

3.-

4.-

5.-

6.-

Coffee \_\_\_\_\_ Alcohol \_\_\_\_\_ Smoking \_\_\_\_\_ Drugs \_\_\_\_\_ Exercise \_\_\_\_\_ Supplements \_\_\_\_\_

RELEASE STATEMENT: I understand that the success of my hypnosis or Life Coaching depends greatly on my own ability to relax and desire to create change in myself. I understand that because the results of my sessions depend in part upon my own serious participation, that Fabiola Miguel cannot offer any guarantee of the success of my treatment. I am aware however, that Fabiola Miguel CH will do everything reasonably in her power to ensure my success. Client acknowledges understanding this questionnaire, and all information provided is accurate and complete to the best of the client's knowledge and that hypnosis is a healing modality working alongside, not instead of medical care.

Client signature: \_\_\_\_\_

## CLIENT'S BILL OF RIGHTS

**Contact information:** My name is Fabiola Miguel. I can be contacted through my office at 102-52 Village Center Place, Mississauga, Ontario, or by telephone at 905-277-1113

**Education and Training:** I am a Certified Hypnotist, Life Coach, Neurolinguistic Programming Practitioner, Advanced 5-PATH Hypnotist, Holistic Nutritionist and member of the 5-PATH International Hypnotherapy Association and I do annual continuing education to maintain my training at a high level.

Notice: **"The province of Ontario has not adopted any educational and training standards for the practice of hypnotism. This statement of credentials is for Informational Purposes only. Under Ontario law a hypnotist may not provide a medical diagnosis or 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 refuse hypnosis services at any time. A client has a right to be free of physical, verbal or sexual abuse. A client has the right to know the expected duration of treatment, and may assert any right without retaliation". Hypnosis can be used as a complementary treatment to traditional medicine and not instead. If you suffer from a medical condition please consult with your doctor before making an appointment since Hypnosis is not a replacement for medical treatment.**

**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 about you.

**Insurance:** I suggest you think of my services as something that you will pay for personally. That will both protect your privacy and help you value the work you are doing more. In general, insurance companies do not cover hypnotic services, and I caution you not to expect them to do so.

**My approach:** My goal is the help you heal, change and transform your life with my skills, training and experience. I will guide you through this process in a safe, non-judgmental and professional manner in order to help you live a better life and achieve your goals.

**\*Payment of Fees, Cancellations, Missed or Late Appointments:** Clients can pay by the session, but for most services, I ask clients to buy a package. If the process is going to be effective, it is of utmost importance that each client be clearly committed to keeping their appointments. A 24-hour notice is required for any changes or cancellation to your appointment. if you give less than 24 hours notice, you will be charged a fee regardless of the reason. Since Telephone is more reliable than email, clients should always phone the office to notify of changes to their appointment.\_\_\_\_\_

Clients are expected to arrive on time for their appointments. **If you arrive late for your appointment, you will be allowed whatever time remains for your session.**

I have received and read this client Bill of Rights and understand and agree with what I have read.

Client signature: \_\_\_\_\_

Client name: \_\_\_\_\_

Date: \_\_\_\_\_

Fabiola Miguel C.H.t.  
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www.fabiolamiguel.com