



HYPNOTHERAPY CLIENT INTAKE, DISCLOSURE & CONSENT AGREEMENT

Disclaimer: Thank you for your interest in being a client of Nicole Morris, M.A. This form is used to collect information about new clients and is used for internal purposes only. The information you provide is confidential and will be treated accordingly.

PERSONAL INFORMATION

Client Name: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Phone: _____ E-Mail: _____
Occupation: _____ Gender: Male Female Other
Relationship Status: Single Married Widowed Divorced Other: _____
Emergency Contact: _____ Phone: _____

BACKGROUND INFORMATION

How did you hear about me? _____

Have you been hypnotized before? Yes No

If yes, describe your experience:

Describe the goals or outcomes you hope to achieve through hypnosis:

List any fears or phobias that you have:

Describe the places, real or imaginary, that relax you and put you at peace:

Are you at least 18 years old? Yes No

Is spirituality, faith, religion, or personal belief an important part of your life?

Yes No

- If yes, please describe: _____

Do you have children? Yes No

- If yes, how many? _____
- What are their ages? _____

Do you consume alcohol? Yes No

- If yes, how many drinks per week? _____

Do you smoke? Yes No

- If yes, what do you smoke? Tobacco Marijuana Other: _____
- How many cigarettes do you smoke per day? _____

How many hours of sleep do you get per night? _____

- What's the quality of your sleep? Good Average Poor Varies

Do you practice self-care (e.g., meditate, walk outdoors, journal)? Yes No

- If yes, explain: _____

Do you exercise regularly? Yes No

- If yes, how many days per week? _____

Do you wear contact lenses? Yes No

While in hypnosis, your eyes will be closed for around 45 minutes. If wearing contacts causes you eye irritation, it is advisable to have your lens holder and solution on hand so that you can safely remove them.

Do you have a hearing problem? Yes No

If you use a hearing aid, please wear it to ensure optimal hearing. Your eyes will be closed during our sessions and lip-reading won't be possible.

HEALTH

Have you ever been treated, or are you currently being treated, by a psychologist, psychiatrist, therapist, or counselor? Yes No

If yes, provide details regarding the duration of treatment, any diagnoses received, and the overall effectiveness:

Do you suffer from seizures or epilepsy? Yes No

Do you suffer from asthma? Yes No

Do you suffer from depression? Yes No

Do you or have you ever suffered from substance abuse? Yes No

- If yes, explain: _____

Do you suffer from chronic pain or migraines? Yes No

- If yes, explain: _____

Have you had a check-up within the past year? Yes No

Do you currently receive care from a physician for a physical condition, illness, or disease? Yes No

If yes, describe the care and provide the name and phone number of each professional

List any prescription medications you currently take:

LIFE ISSUES

Which of the following issues currently affect your life?

- | | | |
|---|---|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Lack of Focus | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Life Changes | <input type="checkbox"/> Racing Mind |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Loss of Self | <input type="checkbox"/> Relationships/Family |
| <input type="checkbox"/> Fear of Death | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Fear of Future | <input type="checkbox"/> OCD | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Overwhelming Empathy | <input type="checkbox"/> Spirituality/Religion |
| <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Perfectionism | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Inadequacy | <input type="checkbox"/> Phobias | <input type="checkbox"/> Work |
| <input type="checkbox"/> PTSD | | |
| <input type="checkbox"/> Other _____ | | |

Share any other issues, recent life-changing events, or any other information that would be helpful for me to know about:

Informed Consent & Liability Acknowledgment

I, _____, understand that hypnotherapy is a voluntary complementary wellness service that uses guided imagery, focused attention, relaxation techniques, and positive suggestions to support relaxation, personal growth, self-awareness, stress reduction, and overall well-being. I understand that hypnosis is not sleep, mind control, or a magic cure.

I understand that successful participation requires my active involvement and willingness to engage in the process. Throughout the session, I remain aware, in control, and free to stop or discontinue participation at any time for any reason.

I acknowledge that individual results vary and that no guarantees, promises, or specific outcomes have been made or implied. I accept responsibility for my own decisions, actions, and experiences before, during, and after participation in hypnotherapy services.

I understand that hypnotherapy services provided by Nicole Morris are complementary wellness services and are not a substitute for medical, psychological, psychiatric, or other licensed healthcare services. By signing this agreement, I voluntarily consent to participate in hypnotherapy services provided by Nicole Morris.

Client Initials: _____

I have read and understand the Informed Consent & Liability Acknowledgment section above.

Disclosure Statement

Nicole Morris, M.A. Psychology, is a psychology educator, author, and Certified Hypnotherapist. She is accredited through the Complementary Therapists Accredited Association (CTAA) and is listed in the CTAA VIP Practitioner Directory.

Nicole provides educational, wellness, grief support, relaxation, guided imagery, personal growth, and hypnotherapy services. These services are voluntary complementary wellness services intended to support personal development, stress reduction, relaxation, self-awareness, and overall well-being.

Nicole Morris is not acting as a licensed physician, psychologist, psychiatrist, psychotherapist, counselor, or other licensed healthcare provider. Services provided are

not medical care, mental health treatment, psychotherapy, counseling, diagnosis, or treatment of any physical or mental health condition.

No diagnosis, treatment, cure, or prevention of any disease, disorder, or medical condition is offered or implied. Clients are encouraged to seek appropriate medical, psychological, or mental health care from licensed professionals when needed.

Participation in hypnotherapy and complementary wellness services is entirely voluntary. Clients may decline or discontinue participation at any time.

Hypnotherapy services are not appropriate for crisis situations. If you are experiencing a mental health emergency, thoughts of self-harm, or thoughts of harming others, please contact 911, 988, or a licensed emergency mental health provider immediately.

Client Initials: _____

I have read and understand the Disclosure Statement above.

Privacy, Confidentiality & Zoom Notice

Client sessions are conducted remotely through Zoom or by phone upon request and approval. To protect client privacy and confidentiality, only the scheduled client may attend and participate in sessions unless prior arrangements have been made and approved in advance.

Sessions are not recorded by Nicole Morris. Clients may not audio record, video record, screenshot, stream, reproduce, distribute, or share any session without prior written permission. Information shared during sessions is treated as confidential and will not be shared with third parties without the client's written consent, except when disclosure is required by law or necessary to protect the safety of the client or others.

While reasonable efforts are made to protect privacy, clients acknowledge that electronic communications, internet-based services, phone calls, and video conferencing platforms may carry inherent security and technology risks beyond the control of Nicole Morris.

From time to time, optional pre-recorded hypnotherapy, relaxation, meditation, or educational audio recordings may be available for separate purchase. These recordings are licensed solely for the personal use of the purchasing client and may not be copied, shared, distributed, sold, or provided to others. For safety reasons, recordings should never be listened to while driving, operating heavy machinery, or performing activities requiring full attention and alertness.

Cancellation, Refund & Professional Conduct Policy

A minimum of 24 hours' notice is requested for appointment cancellations or rescheduling. Appointments canceled with less than 24 hours' notice, missed appointments, no-shows, or appointments abandoned by the client may be considered a completed session and may be charged in full or deducted from a purchased package at the discretion of Nicole Morris.

All services, packages, digital products, downloadable resources, recordings, and completed sessions are non-refundable. Purchased sessions may be rescheduled when sufficient notice is provided. Refunds will not be issued for missed appointments, late cancellations, partially completed sessions, or services already rendered.

Nicole Morris reserves the right to decline, discontinue, postpone, or terminate services at any time if a client is determined to be an inappropriate fit for hypnotherapy services, if services fall outside the scope of practice, or if circumstances arise that may compromise safety, professionalism, or the effectiveness of services.

Professional conduct is expected at all times. Harassment, threats, intimidation, abusive language, inappropriate sexual comments, disruptive behavior, intoxication, or any other inappropriate conduct will result in the immediate termination of the session and may result in refusal of future services. No refund will be issued for services terminated due to violations of this policy.

SIGNATURE

I have read, understood, and voluntarily agree to the terms and policies contained within this Hypnotherapy Client Intake, Disclosure & Consent Agreement.

Client Signature: _____ **Date:** _____

Print Name: _____

Please email your completed and signed intake packet to vibes@psycholisticsynergy.com

SESSION PREFERENCE

How would you prefer to meet for your session?

Zoom Video Session

Phone Session

Phone Number (required for phone appointments):

A Zoom link will be provided for all video appointments. Clients requesting a phone appointment will be contacted at the number provided above.