

Janet Montgomery, C.Ht. Confidential Client Intake Form

Name:

Date:

Mailing Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Cell Phone:

Email:

Sex: Male Female

Marital Status:

Spouse Name:

Birthdate:

Occupation:

Spouse's Occupation:

Emergency Contact Name:

Contact Phone Number:

How did you hear about me/my services?

If you were referred to me, please tell me who referred you?

Can I send him/her a thank you note? Yes No

Address (if known):

Have you ever been hypnotized? Yes No

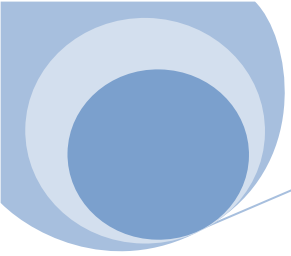
If yes, by whom:

For what reason:

Are you taking prescribed medication? Yes No **If so, please list:**

Please complete the following sentence. If only I could....

Please describe what you wish to accomplish by the use of hypnotherapy. Please use as much detail as necessary.



**Acknowledgement of Services and Fees
Subject: Self Improvement Program**

I, _____, acknowledge that I understand and agree to the following:

To pay Janet Montgomery a fee of: _____ (initial session) _____ (add'l sessions)

To pay in full for the services on the date of each session.

To give 24 hours notice on all cancellations or changes to scheduled appointments. Appointments without prior cancellation or cancelling with less than 24 hours notice may be charged to me at the current full rate.

I understand that the program of conditioning facilitated by you will include an undetermined number of private sessions depending on my individual needs.

I understand and agree that the major purpose of this program is for a vocational self-improvement and those problems of psychogenic or functional origins are treated by psychological or medical referrals only (Business and Professional Code 2908).

I also understand that there are no guarantees as to the results or progress to be made, only that you will to the best of your ability endeavor to accomplish the objective of my sessions.

Additional Conditions:

Signature of Client

Date _____

Printed Name

Janet Montgomery, C.Ht.

Date _____