**Dear Client:**

Please fill out the following as completely as possible. All information will be treated as private and confidential and will not be released except upon your written consent. Please read carefully the Privacy Policy and Terms of Use of VitalCore’s website.

|  |  |
| --- | --- |
| Full Name:  | Date of Birth (dd/mm/yy) |
| Address:  |  |
| City: Postal Code: | Country: |
| Email: | Ph. Number: |

|  |  |  |
| --- | --- | --- |
| Have you used hypnosis before? | Yes: | No |
| If so Yes, what kind of hypnosis?  | Stage? | Therapy? |
| Do you believe you were hypnotized? | Yes:  | No: |
| Why or why not? |  |  |

|  |
| --- |
| Reason you are seeking Hypnotherapy at this time (Please be specific): |

|  |
| --- |
| May I add you to VitalCore mailing’s list? Engaging, follow-ups, helpful content around personal growth, discount for groups, special events, etc.? Yes: No: |

|  |
| --- |
| Fear(s)/Phobia(s): Please report whether you have any fears of phobias. It is important that the Therapist becomes aware if you do as this may interfere with treatment. VitalCore is looking for your comfort and safety. |

|  |
| --- |
| **Policies and Procedures in a Nutshell:** |

Please read the policies and procedures. Make sure you understand this document and agree by inputting your initials in each box.

[ ] 1. If I should reveal to my therapist anything that could result in self-harm or harm to the therapist or any other person, VitalCore has the professional responsibility to report it to the appropriate authorities.

[ ] 2. I fully understand that I have read and agree with the Policies and Terms of Use of VitalCore.ca website; thus I am abiding to them.

[ ] 3. I fully understand that payment is due as services are rendered for the day, unless a specific package has been pre-paid for by the Client.

[ ] 4. I fully understand that, like in any other healthcare profession, once services are rendered no refunds are due by the Therapist, unless paid in advance and canceled of properly within 24h of the appointment.

[ ] 5. I fully understand that the professional fees are collected by my therapist or designated VitalCore representative or by third parties when and where applicable. Payments that are not made at the end of the session will be charged an additional fee that is equivalent of a 15-min session to cover administrative fees as well as any reminders sent to the client, which might occur on a weekly basis. Please respect the therapist's time.

[ ] 6. Cancellation of appointments must be made at least within 24h of the appointment. Otherwise, professional fees will be collected in full in respect for the therapist’s time and commitment.

[ ] 7. A hypnosis session is not guaranteed every appointment as it may become necessary to discuss new developments or unforeseen situations that arise during the treatment. Neurolinguistic and Cognitive Behavioral Therapy are other supportive options that may be used by the hypnotherapist.

[ ] 8.Hypnosis sessions at VitalCore may run from 45 to 60min or more if agreed by the client. Professional fees are applicable at an increment of 15min.

[ ] 9. The number of sessions is variable, depending on the complexity of circumstances presented by the Client, including other Healthcare professionals.

[ ] 10. Results may not be evident until a few sessions into our work together.

[ ] 11. For best results, I should be prepared to explore whatever the therapy direct us to explore.

[ ] 12. Follow up sessions are sometimes necessary and the Client would be encouraged to participate.

[ ] 13. The Client must remain responsible to report to the therapist of any personal or professional discomfort realized by the Client. Please report immediately to maintain rapport.

[ ] 14. I understand that I am working with a professional certified and registered Hypnotherapist and that contents of my sessions/consultations may be discussed with peers for resolution. Identifying characteristics will be left out of these conversations.

[ ] 15. I understand that my therapist works within full scope of what he/she has been trained in and therefore my sessions may be postponed or I might be referred to another therapist if my goal goes beyond my therapist’s scope of practice.

[ ] 16. The Client, signee herewith, will not hold VitalCore, nor the Therapist or its related professional partners responsible in any way, nor shall any claims be valid in reference to such hypnotic methods, instructions, directions, relaxations, suggestions and homework programs to help and assist the Client(s) in achieving his/her/their goals. Hypnosis is always Self-Hypnosis and the Therapist is the skilled professional to guide you in the process of self-hypnosis and/or self-trance.

[ ] 17. This consent form remains valid for all the sessions attended by the Client. Updates are made as needed without prior announcement.

|  |
| --- |
| Full Name: Signature: |
| Today’s Date:  |

**One Hundred Reasons:**

1. Addictions
2. Age Regression
3. Aggression
4. Agoraphobia
5. Anesthesia
6. Anger
7. Anxiety
8. Assertiveness
9. Assist Healing
10. Bed Wetting
11. Biofeedback
12. Breathing
13. Career Success
14. Change Habits
15. Child Birth
16. Chronic Pain
17. Concentration
18. Cravings
19. Creativity
20. Death or Loss
21. Dreams
22. Exam Anxiety
23. Exercise
24. Fears
25. Forgiveness
26. Frustration
27. Gagging
28. Gambling
29. Guilt
30. Headaches
31. Helplessness
32. Hopelessness
33. Hostility
34. Hypochondria
35. Immune System
36. Impotency
37. Improve Health
38. Improve Sales
39. Indecision
40. Inferiority
41. Inhibition
42. Insecurity
43. Insomnia
44. Irrational thoughts
45. Irritability
46. Jealousy
47. Memory
48. Mistrust
49. Motivation
50. Nail Biting
51. Nausea
52. Negativism
53. Nightmares
54. Obsessive-Compulsive
55. Overeating
56. Overly Critical
57. Pain Management
58. Panic Attacks
59. Past Life Regression
60. Perfectionism
61. Performance Anxiety
62. Pessimism
63. Phobias
64. Premature Ejaculation
65. Problem Solving
66. Procrastination
67. Public Speaking
68. Reach Goals
69. Rejection
70. Relationship Enhancement
71. Relaxation
72. Resistance
73. Responsibility
74. Restlessness
75. Sadness
76. Self-Awareness
77. Self-Blame
78. Self-Confidence
79. Self-Control
80. Self-Criticism
81. Self-Defeating
82. Self-Esteem
83. Self-Forgiveness
84. Self-Image
85. Sexual Problems
86. Shame
87. Skin Problems
88. Sleep Disorders
89. Smoking
90. Social Phobia
91. Sports
92. Stress
93. Stubborn
94. Study Habits
95. Stuttering
96. Substance Abuse
97. Surgical Recovery
98. Tics
99. Trauma
100. Weight Loss