

# CONFIDENTIAL CLIENT FORM

*Clarity Hypnosis*  
*Sara J. Wendt, CCH*  
*Certified Clinical Hypnotherapist*  
*212.365.4775*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Marital Status \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about my program? \_\_\_\_\_

Would you like to receive email notification of any future hypnosis lectures or workshops? **Yes** \_\_\_ **No** \_\_\_

Are you currently under a physician's care for any medical conditions? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, please list the doctor's name, how long under care, and for what condition(s).

Are you currently taking any prescription medications? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If yes, please list them:

What do you most want to change or improve during your sessions? \_\_\_\_\_

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## Cancellation Policy

*Due to the nature of my business, if a session is cancelled with less than 72 hours (3 days) notice, a full charge will be made. If you should cancel within 72 hours, please make sure it is for an urgent matter.*

*Regarding the timing of payment, I would appreciate payment at the end of each session.*

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## Consent for Hypnotherapy

I understand that the hypnotherapy provided by Sara J. Wendt, CCH, is geared to help me establish a healthy lifestyle, and to help me take responsibility for forming new, beneficial habits. This treatment is not psychotherapy. I understand that if I have any physical or mental problems, or am under a doctor's care, or on any medication, **I will check with my doctor before changing any physical, mental or emotional habits using hypnosis.** I understand that hypnosis and hypnotherapy are an adjunct to my doctor's care. I also understand that I am responsible for my own behavior, and that going through this program does not guarantee success or refund.

Program Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

(For office use only. Added to file: \_\_\_\_\_)