



Client Participation Agreement

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Carrier _____

Email _____ DOB ____/____/____

How did you hear about Mr. Sutherland? _____

The reason for your visit? _____

Have you ever been in therapy before? _____

Have you ever been hypnotized before? _____

Are you currently taking any medications? _____. If Yes, please state reasons: _____

As I enter into this hypnotherapeutic relationship, I agree to the following:

1. I am participating in hypnosis freely and by my own choice.
2. I understand that I am not a patient, but a co-operator in my hypnosis experience. The results I am able to achieve are directly dependent upon my level of participation during, after and between hypnosis sessions.
3. I acknowledge the futility of blame directed at myself and/or others. The key to my emotional health and happiness lies in owning my feelings without judgment and transforming them with forgiveness, love and acceptance.
4. I understand that my progress here involves how I care for myself physically, mentally, emotionally and spiritually.
5. I understand that transformation is a process and that it can take time and patience.

***** By signing this form I agree to give 24-hour advance notice in the event that must cancel or reschedule my appointment. If I fail to give 24 hours advance notice I agree to pay the full price for the missed session.**

Signed: _____ Date _____

As your hypnotherapist, I am committed utilizing all of my training, skills and experience to help you to reach your goals in the shortest time possible. You have my assurance of my full integrity, professionalism, confidentiality and respect.