



*Essential Balance*  
Holistic Wellness Center

## Client Participation Agreement

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Age \_\_\_\_\_

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 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.