



# Delphina Joyce, M. Ed., TLC, CHT.

· **T**eacher · **R**eiki Healer · **U**-hold the key · **S**peaker · **T**ransformational  
Life Coach · Hypnotherapist



“Our thoughts create our reality; choose words of inspiration & encouragement.”

## Personal Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone – Day: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Phone – Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_  Male  Female OK to leave message \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ phone: \_\_\_\_\_

Email address: \_\_\_\_\_

## Health Information

Please list medications you are taking,  
including Prescribed, OTC and Herbal/  
naturopathic remedies: \_\_\_\_\_

Please list your current areas of concern: \_\_\_\_\_

Fears  
&  
phobias \_\_\_\_\_

## Hypnotherapy Medical History

Have you ever been hypnotized?  yes  no Please explain \_\_\_\_\_

Have you ever been treated for an emotional problem?  yes  no Please explain \_\_\_\_\_

If yes, are you currently receiving treatment or counseling?  yes  no Please explain \_\_\_\_\_

Have you ever experienced a prolonged illness?  yes  no Please explain \_\_\_\_\_

What do you want to accomplish through hypnosis? \_\_\_\_\_

# Consulting Form

## Hypnotherapy

Is there any other information you would like to share? Health concerns, current issues, etc. \_\_\_\_\_

### Client Agreement

In requesting professional assistance, I understand that to be successful I must be entirely willing to:

- Recognize that my health and well-being depend directly on how well I care for myself emotionally, physically, spiritually and intellectually.
- Acknowledge that my feelings, thoughts, images, desires (conscious and subconscious) ultimately determine the course of every action and relationship in my life.
- Realize that blaming anything or anyone, including myself is totally useless and that the only person that can take charge of my life is me.
- Accept responsibility for myself, my choices, my actions and acknowledge that I, knowingly or unknowingly, create them.  
*Note: Responsibility means **the ability to respond**.*
- Agree to be on time for my appointments, meet my financial obligations promptly, **including any session missed without a 24-hour notice**, and to participate wholeheartedly in the work I am undertaking.

I know my heartfelt commitment is an important first step in my work here and my signature below underscores that commitment. If, in all good conscience, I cannot align myself fully with each statement above, I have initialed each acceptable item rather than signing at this time and agree to discuss with *Delphina Joyce*, in detail, any reservations I may have.

Client/Co-therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Practitioner Agreement

In order to support you in deriving maximum benefits from our scheduled time together, I agree to:

- Use the best of my abilities, training and expertise to facilitate such changes as are mutually agreed to be in your best interest and in no way harmful to you.
- Work diligently to ensure to the best of my ability that all suggestions given are positive in direction, beneficial in nature and presented within a context of health and well-being.
- Refrain from using you or your trust to satisfy any personal needs I may have outside of our working relationship.
- Offer you my undivided attention and professional assistance during our scheduled consultations.
- Inform you immediately if, in my judgment, you would be better served by another professional or by an alternative/complimentary means of reaching your goals.

*I am professionally committed to assisting you in accomplishing your goals in the shortest possible time and at the lowest possible cost by mobilizing your resources to achieve maximum results.*

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Consulting Form

*Hypnotherapy*

## Disclosure and Consent Form for Hypnosis/Hypnotherapy

I, \_\_\_\_\_ have been advised by Delphina Joyce (Hypnotherapist) of the scope of hypnosis/hypnotherapy practice and I give my full consent to receive hypnosis/hypnotherapy sessions from her. I understand that results vary by individual and that the therapist may not guarantee results.

I understand that hypnosis/hypnotherapy is not a replacement for medical treatment, psychological or psychiatric services or counseling. I also understand that the therapist does not treat, prescribe for or diagnose any condition.

I am aware and understand that in some cases it may be necessary for the therapist to respectfully touch my shoulder(s), hand, wrist or forehead in order to assist me in relaxation. I give the therapist permission and consent to do so in order to help me establish a beneficial state of hypnosis.

I have been advised that I am free to terminate any or all sessions with a **24-hour notice**. I have agreed to participate in each session to the best of my ability.

I have accurately provided background information as requested by the therapist.

I understand that confidentiality regarding my sessions will be honored between the therapist and myself. This same confidentiality is respected when working with minors under the age of eighteen.

\_\_\_\_\_  
*Signature of Client*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

**FOR THERAPIST USE ONLY: SCRIPT CHOICE-**

**DATE:** \_\_\_\_\_

<b>Client Goal</b>	
<b>Affirmation</b>	
<b>What stops you from having what you want NOW?</b>	
<b>I now feel as if...</b>	
<b>What do you know now that you did not know before?</b>	
<b>Client Outcome</b>	

# Consulting Form

*Hypnotherapy*

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**Consulting Form**  
*Hypnotherapy*

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