



**Normand Lambert, C.H.**  
**MINDSCAPE HYPNOSIS**  
264 Exchange St. Suite #3  
Chicopee, MA 01013  
**(413) 348-1576**  
norm@mindscapehypnosis.com  
[www.mindscapehypnosis.com](http://www.mindscapehypnosis.com)

### Client Information

This form is to be completed prior to the initial session. Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home phone :(\_\_\_\_) \_\_\_\_\_ Cell phone :(\_\_\_\_) \_\_\_\_\_ Date of birth: \_\_/\_\_/\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital status: \_\_\_\_\_ # of children: \_\_\_\_\_

How did you hear about us? **Flier**  **Ad**  **Website**  **Referral**

Referral Name: \_\_\_\_\_ **Other:** \_\_\_\_\_

Has anyone ever attempted to hypnotize you?

Yes  No  Who: \_\_\_\_\_ Reason: \_\_\_\_\_

Do you believe you were hypnotized?

Yes  No  Why: \_\_\_\_\_

### Medical History

Have you been under a doctor's care in the past year? Yes  No

If yes, please give the reason: \_\_\_\_\_

Doctor's name and contact info: \_\_\_\_\_

Have you ever been treated for an emotional problem? Yes  No

If yes, are you currently receiving treatment or counseling? Yes  No

If yes, Doctors Name and contact info: \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications? Yes  No

If so, what: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Presenting Issues:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Self Control       | <input type="checkbox"/> Appearance           | <input type="checkbox"/> Success/Achievement | <input type="checkbox"/> Personal Organization   |
| <input type="checkbox"/> Weight Management  | <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Become Persuasive   | <input type="checkbox"/> Relationships           |
| <input type="checkbox"/> Situational Stress | <input type="checkbox"/> Optimism             | <input type="checkbox"/> Spirituality        | <input type="checkbox"/> Facilitate Wellness     |
| <input type="checkbox"/> Sleep Improvement  | <input type="checkbox"/> Goal Setting         | <input type="checkbox"/> Self Confidence     | <input type="checkbox"/> Referred Medical Issues |
| <input type="checkbox"/> Apprehensions      | <input type="checkbox"/> Attraction           | <input type="checkbox"/> Occupation          | <input type="checkbox"/> Other Referred Issues   |

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Are you currently undergoing medical or psychological treatment for the above problem? Yes  No

If yes, Doctor's name and contact info: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature (If client is a minor a parent or guardian must sign.)

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name



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## **Disclosure and Consent Form for Hypnosis**

I, \_\_\_\_\_ have been advised by Normand Lambert the scope of Hypnosis practice as contained in the Client Bill of Rights and I give my full consent to receiving hypnosis sessions by Normand Lambert. I understand that results vary and that the above named practitioner may not guarantee results. Hypnosis is not a replacement for medical treatment, psychological or psychiatric services or counseling. I also understand that the Hypnotist does not treat, prescribe for, or diagnose any condition. I understand that the practitioner is a facilitator of hypnosis and is not practicing any other profession that requires a license under the laws of the State of *Massachusetts*. I am aware and understand that in some cases it may be necessary for the practitioner to respectfully touch my shoulder(s), hand, wrist, or forehead in order to assist me in relaxation. I give the practitioner 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 at any time. I have agreed to participate in each session to the best of my ability. I have accurately provided background information as requested by the hypnotist. I understand that confidentiality regarding my sessions will be honored between my hypnotist and me. This same confidentiality is respected when working with minors under the age of eighteen.

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

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

\_\_\_\_\_  
Printed name of Client / Parent or Guardian

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

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