

MIND+BODY+SPIRIT INTEGRATION

HYPNOSIS INTAKE FORM

Contact Information:

Name: _____ Age: _____ Date of Birth: _____

Phone: _____ Email: _____

Mailing Address: _____

Referred by: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Physician Address: _____

What is your preferred method of contact? Phone Text Email

Do you give MBSI permission to add you to our Newsletter mailing list: Yes No

Do you give MBSI permission to contact your Doctor as required (ex. for pain management)? Yes No Maybe

Identity:

Gender: Female/M-to-F Male/F-to-M Transgender Prefer Not To Say _____

Pronouns: She/Her He/Him They/Them Prefer Not To Say _____

Marital Status: Single Partnered Married Divorced Widowed _____

Children: Yes No _____

Health History:

Have you ever been diagnosed or treated for any of the following?

Personality Disorder

Drug Addiction (Prescription/Party Drugs)

Psychosis/Psychotic Disorder

Substance Abuse (Alcohol/Cannabis)

Delusions or Hallucinations

Epilepsy

If so, please provide further information: _____

How frequently do you consume alcohol products? Daily Weekly Occasionally Rarely Never Other

How frequently do you consume cannabis products? Daily Weekly Occasionally Rarely Never Other

Are you currently taking prescription medication(s)? Yes No

If yes, please list all medications and reason for use: _____

Do you have a prolonged or chronic illness? Yes No

If so, please describe: _____

Is there any other medical information we should be aware of? _____

Presenting Issue(s):

What is the primary reason you are seeking hypnosis? _____

Other Issues (please indicate all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Goal-Setting | <input type="checkbox"/> Fears/Apprehensions | <input type="checkbox"/> Personal Development |
| <input type="checkbox"/> Success/Achievement | <input type="checkbox"/> Behaviour/Habit Change | <input type="checkbox"/> Neuro-Linguistic Prog. (NLP) |
| <input type="checkbox"/> Self-Confidence/Self-Worth | <input type="checkbox"/> Sleep Improvement | <input type="checkbox"/> Mindfulness/Wellness |
| <input type="checkbox"/> Self-Control/Discipline | <input type="checkbox"/> Smoking Cessation | <input type="checkbox"/> Improve Optimism |
| <input type="checkbox"/> People Skills/Relationships | <input type="checkbox"/> Stress/Anxiety Relief | <input type="checkbox"/> Spirituality |
| <input type="checkbox"/> Personal Organization | <input type="checkbox"/> Weight Management | <input type="checkbox"/> Past Life Regression |
| <input type="checkbox"/> Occupation/Work | <input type="checkbox"/> Referred Medical Issue | <input type="checkbox"/> Other Referred Issues |

Is there another issue you would like addressed? _____

Have you tried other methods to address this? What were the results? _____

What change are you seeking to make now? _____

What are your goals for our sessions together? _____

Hypnosis:

Do you have prior experience with hypnosis or meditation? Hypnosis Meditation Other: _____

Have you seen a professional Hypnotist or Hypnotherapist before? Yes No Other: _____

Please describe the issue addressed with previous Hypnotist and the results: _____

Do you have any questions or concerns about hypnosis or being hypnotized? _____

Are there any other questions or concerns? Is there anything else I should know? _____

I have provided my information accurately and to the best of my knowledge, including pertinent information regarding my physical, mental, emotional and spiritual health and well-being.

Signature of Client: _____

Date: _____

MIND+BODY+SPIRIT INTEGRATION

CLIENT BILL OF RIGHTS AND RESPONSIBILITIES

This document is intended to inform you of your rights and responsibilities as a client of Mind Body Spirit Integration (MBSI) prior to receiving any services by Paul Charuk or any MBSI practitioner.

Contact Information:

Paul Charuk

Founder of Mind Body Spirit Integration | Coach | Consulting Hypnotist | Biofield Tuning Practitioner Phone: 647-289-5212 | Email: paul@mbsintegration.com | Website: www.mbsintegration.com

Practitioner Education and Training:

Paul Charuk is a certified member of the National Guild of Hypnotists (NGH). He received his training and qualifications with the NGH through the University of Toronto's Clinical Hypnosis for Clients and Groups program, graduating in June 2019. For more information on NGH and its membership standard, please visit www.ngh.net. Paul Charuk is a certified Biofield Tuning Practitioner. He completed his practitioner training at Biofield Tuning in Burlington, Vermont and was certified August 2019. For more information on Biofield Tuning and its programs, please visit www.biofieldtuning.com.

NOTICE:

As the province of Ontario has not adopted educational, training, or licensing standards for the practice of Hypnotism or Biofield Tuning, the above statement of credentials is for information purposes only. Hypnotism and Biofield Tuning are self-regulating professions and therefore Paul Charuk and MBSI's practitioners are not licensed by any government agency. MBSI and Paul Charuk are neither physicians nor licensed healthcare providers and may not provide a medical diagnosis nor recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis or any other type of treatment from a different practitioner, the client may seek such services at any time.

Client Rights:

A client of MBSI has the right to be free of physical, verbal or sexual abuse and has the right to be treated with dignity and respect at all times. The client has the right to be referred to by the name and pronouns of their choosing, as indicated in the Identity section of the intake form. The client has the right to know the expected duration, before and during a session. The client may assert any right without retaliation. The client has a right to refuse services at any time. In the event of the services of MBSI are terminated by the client, the client has a right to coordinated transfer of their services to another practitioner.

Client Confidentiality:

MBSI and its practitioners will not release any information to anyone without written authorization from the client, except as provided for by law. Written authorization includes the *Permission To Use Data (for Biofield Tuning Only)* document, used for practitioner research and educational purposes only, with identity and personal information remaining private and confidential. You have the right to be allowed access to your written record at MBSI.

Redress:

Certified members of the National Guild of Hypnotists practice in accordance with the Guild's Code of Ethics and Standards. If you have a complaint about the services or behavior of the Consulting Hypnotist that cannot be resolved by Paul Charuk personally, you may contact the National Guild of Hypnotists to seek redress. National Guild of Hypnotists, P.O. Box 308, Merrimack, NH 03054-0308. 603-429-9438. www.ngh.net

Certified Biofield Tuning Practitioners practice in accordance within the ethics and standards established in the Biofield Tuning Practitioner Training program. If you have a complaint about the services or behaviour of the Biofield Tuning Practitioner that cannot be resolved by Paul Charuk personally, you may contact Biofield Tuning through their website www.biofieldtuning.com to seek redress.

Client Behaviour and Expectations:

It is the client's responsibility to ensure their commitment to the process of personal change. This is achieved by completing assigned work (aftercare, self-hypnosis, journaling, homework, etc.) and contracts as agreed to; maintaining established appointment schedule as agreed to, arriving to and ending sessions on time; making payments on-time and in full and as agreed to; and respecting all policies within this *Client Bill of Rights and Responsibilities* document. The client agrees to maintaining an environment free of physical, verbal or sexual abuse and treating all members and staff of MBSI with dignity and respect.

Fees:

Pre-purchased sessions, packages and vouchers will be honoured at their original value within one year of purchase. Gift Vouchers will be honoured at the rate of their dollar value or service stated. Package rates must be paid in full at the time of invoicing in order to receive the discounted session rate. Refunds of any amount will be less the costs of all transaction processing fees.

Insurance:

As non-regulated services Hypnotism and Biofield Tuning are generally not covered under insurance policies and workplace benefit programs. It is encouraged to adopt the view of the services received at MBSI as an investment in yourself, your health and your wellbeing.

Rescheduling and Cancellation Policy:

Rescheduling or canceling a session must be made at least 24 hours before the scheduled time of session. You may use the Reschedule/Cancel function in the confirmation email or the link found in the calendar event details. Note: deleting or moving the event to a different day within your calendar will not change the scheduled session, you must use the Reschedule/Cancel function. Missed sessions without notice will be invoiced or counted as a session within a package or program.

I hereby have received, read, understood and agree to all matters and policies within the *Client Bill of Rights and Responsibilities*.

Client Name (print) _____

Client Signature _____

Date: _____