



# Hypnosis Intake

Derrick Barnes, RSW, CCH

*If you are uncomfortable with any of these questions, please feel free to skip them or add any more information that you think will help us understand you and your situation better (or to assist you better).*

Name: \_\_\_\_\_ Date of birth(dd/mm/yy): \_\_\_\_\_

I consent to receiving periodical emails from (check all that apply):

Derrick Barnes Y  N

Ottawa Holistic Wellness Y  N

## Reason for your Visit

**I am here to work on (check those that apply):**

**(Please note, this is a sample of common reasons, hypnosis can be used for many other issues)**

Stress Management  
Quit Smoking  
Weight Loss\*  
Test Taking  
Self-confidence

Relaxation/Introspection  
Past Life Regression  
Teeth Grinding  
Use of Hypnosis for ADD

Habit Control (e.g: nail biting, hair pulling)  
Sexual Identity Issues  
Sexual Difficulties\*\*  
Pre/Post-Surgery Hypnosis\*\*  
Sleep Improvement\*\*

Other -Please specify: \_\_\_\_\_

Overcome Fears or phobias (which ones?): \_\_\_\_\_

Medical Conditions/Pain Control\*\* - Please specify: \_\_\_\_\_

\*For weight loss over 25 pounds, a medical referral is required.

\*\*A medical referral is required

**Anything else you would like to add?**

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## Health Information

**Family doctor:** \_\_\_\_\_

**Other health professionals I am currently seeing and why:**

Name: \_\_\_\_\_ Issue being treated: \_\_\_\_\_

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Name: \_\_\_\_\_ Issue being treated: \_\_\_\_\_

Name: \_\_\_\_\_ Issue being treated: \_\_\_\_\_

**Other professionals that I have seen for this condition:** \_\_\_\_\_

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**Are you currently experiencing or living any of the following (check all that apply)?**

- |                         |                              |                               |
|-------------------------|------------------------------|-------------------------------|
| Nervousness             | Alcohol Abuse                | Childhood trauma              |
| Inability to relax      | Compulsive overeating        | Poor self-esteem              |
| Sleeplessness           | Codependency                 | Abusive home situation        |
| Compulsive tendencies   | Inability to focus attention | Abusive work situation        |
| Teeth grinding          | Marital/Couple problems      | Recreational Drugs            |
| Poor physical health    | Recent divorce/separation    | Financial Distress            |
| Cigarette/Cigar Smoking | War trauma                   | Psychiatric or Mental Illness |
| Tobacco Chewing         | PTSD                         |                               |

Other: \_\_\_\_\_

Anything else you would like to add? \_\_\_\_\_

**Getting to Know You**

**What is your prior experience with hypnosis?**

- |  |   |
|--|---|
| None                                   | I have listened to hypnosis tapes or CDs    |
| I have been hypnotized at a stage show | I have read books on hypnosis               |
| I have been hypnotized one on one      | I have had friends who have been hypnotized |

**My biggest personal strengths are:**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

**My favorite colors are:**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

**My favorite activities are:**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

**Please complete the following two sentences:**

1- If I could, I would: \_\_\_\_\_

2- I would know that the sessions have been successful if I could/observed/thought/did/experienced/etc.: \_\_\_\_\_

Anything else you would like to add?

## Release Statement

I hereby authorize Derrick Barnes, Registered Social Worker and Certified Professional Hypnotist, to hypnotize me for the purposes outlined in this intake form and for future purposes that I may request.

1. I understand that I retain choices over this process at all times and can start and end the process at any time, even during a session. The services that I am agreeing to involve coaching, guided hypnosis, and the learning of self-hypnosis techniques to produce positive thoughts, emotional awareness and self-control over physical experiences.
2. I agree to continue medication as prescribed by my health care provider and understand that while hypnosis can produce phenomenal results, it is not a substitute for medical care. Hypnosis should be used to complement any medical treatment. If any medical symptoms progress or become acute, I agree to seek medical attention from a health care provider and in the case of medical or psychological emergency, I will call 911 or other appropriate emergency help.
3. I understand that the methods used in hypnosis may include relaxation, breath work, creative visualizations, guided imagery, positive affirmations, self-awareness development, and other techniques that may produce physical and emotional responses. I agree to inform the hypnotist of any adverse feelings or experiences related to this process, at the time of my awareness of them.
4. I understand that the success of my hypnosis session depends greatly on my own ability to participate fully and my desire to create change in myself. I understand that because the results of my sessions depend greatly upon my own serious participation, that neither Derrick Barnes nor Ottawa Holistic Wellness, can offer any guarantee of the success of my sessions. I am aware and confident, however, that Derrick will do everything reasonable in his power to ensure my success.
5. I understand that sessions with the hypnotist will naturally vary in duration. I understand that the first session may last up to 1.25 hours; subsequent sessions, if required, will last between 35-50 minutes, dependent on the amount of coaching or exercises that needs to be accomplished during that session. Given what is happening for me and the nature of hypnosis sessions/dealing with real life issues in session, a session may run over time. If the session exceeds 1 hour, I will be charged for each extra period of 15 minutes or part thereof. Where possible, Derrick Barnes will inform me ahead of time when the sessions are expected to run over time, and he will endeavor to keep the sessions under 50 minutes.
6. I am aware and understand that in some cases it may be necessary for Derrick to respectfully touch my shoulder(s), hand, wrist, or forehead in order to assist me in relaxation. I give Derrick permission and consent to do so in order to help me establish a beneficial state of hypnosis.
7. Finally, my sessions may be digitally recorded so that the hypnotist does not have to focus on note taking during the session. The recording is considered a part of the session notes, will be protected as such and will be deleted once the necessary notes are taken. The advantage to me is that the hypnotist can use this recording to review the session so to better tailor the next session, if required, to meet my needs. If I have any concerns, I will let the hypnotist know before the start of the sessions.
8. Please note that Derrick Barnes and Ottawa Holistic Wellness will keep your information confidential within the limits of the law. We will maintain minimal session notes and delete any digital recordings as quickly as possible.
9. However, we will need to release information if ordered by the courts, if there is a concern of child abuse or if we believe that you may harm yourself or others.

If you have any questions, please feel free to ask.

Signature: \_\_\_\_\_

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

Name - Please Print: \_\_\_\_\_

If the client is under 16:

Parent / Guardian's Signature: \_\_\_\_\_

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

Name of Parent / Guardian - Please Print: \_\_\_\_\_