



CLIENT INTAKE FORM

Date: _____

This information will be used to aid in serving you – the client. Please answer honestly and know that answering yes or no to any particular question does not mean that you cannot receive services from us. Your honest answers serve in your receipt of appropriate care and service.

NOTE: All information will be kept confidential within the health insurance portability and accountability act regulations, except those that which we are legally obliged to report by law such as (1) Knowledge of child abuse or neglect, (2) Knowledge of senior citizen abuse or neglect, (3) Client poses threat of injury to self or others, (4) knowledge of a felony that has been or is being committed, or (5) Knowledge of a felony that has been or by the issuance of a legal court order. It is an honor to join you in your journey of self-healing.

Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Date of Birth: (MM/DD/YY) _____

Age : _____

Email Address _____

_____ Initial if you agree to use of email correspondence

_____ Initial if you agree to receive a customized self-hypnosis MP3 via email

Phone number you prefer to be reached at (____) _____

_____ Initial if you agree to receive text messages at this number

_____ Initial if you agree to receive voice messages at this number

Personal Status : Married _____ Single _____ Divorce _____

Names & Age Of Children:

Name of Spouse/Partner: _____

PREVIOUS EXPERIENCES

Current Occupation: _____

Do you enjoy your work: Yes / No

How did you know about me? _____

Have you ever had a hypnosis session: Yes / No

Was it a positive experience? Yes / No

What is the issue of focus for hypnotherapy?

Do you have any particular spiritual path or practice that can assist you in transforming your issue?
Yes / No

MEDICAL HISTORY

1. Existing medical conditions:

2. Are you currently under a physician's care for any of the above conditions?

2.1. Physician Name & Clinic _____

2.2. Last Visit _____

2.3. (If needed) – do we have your APPROVAL to contact your physician if needed

_____ YES – I APPROVE

_____ No – I DO NOT APPROVE

2.4. Was anything about this visit notable? If so, explain briefly:

3. Are you currently taking any medications? Name, dosage, AM/PM

Medication/Supplementation	Dosage	AM / PM

4. Have you spoken to your physician about hypnotherapy as an adjunct to your treatment?

RELEASE STATEMENT

I understand that all services provided by Jo Nontakorn Roongphornchai are for educational and self-improvement purposes only. I further understand that Jo Nontakorn Roongphornchai does not practice psychotherapy or medicine. Her services are not the practice of psychotherapy or medicine and are, therefore, not offered as a substitute for counseling, psychotherapy, psychiatric or medical treatment. Consultation referral from a licensed physician or mental health professional may be required before hypnotherapy services can be provided.

RELEASE OF LIABILITY STATEMENT - I have received and read this Client Bill of Rights and understand what I have read. I, for myself, my heirs, my executors, administrators, and assignees, do hereby release and discharge Nontakorn Roongphornchai and any of her employees, her employer, or other participants in any of the activities, from all claims of damages arising from, or growing out of my participation in said activities. I hereby authorize Jo Nontakorn Roongphornchai to hypnotize me for the purpose outlined in this intake form and for future purposes that I may request. I understand that the success of my hypnosis therapy depends greatly on my being an active participant (co-therapist) throughout each session, my desire to change in myself, and my willingness to follow instructions. I understand that Jo Nontakorn Roongphornchai is neither diagnosing nor treating any specific health issue or challenge. Because the results of my sessions depend greatly upon my own session participation and being a co-therapist, Jo Nontakorn Roongphornchai cannot offer any guarantee of the success of my treatment. I am aware, however, that Jo Nontakorn Roongphornchai will do everything reasonably in her power and expertise to facilitate the changes that are mutually agreed upon to be in my best interest, in the shortest possible time and ensure my success and self-healing.

Client Name (Print):

Date



Services Provided

Nontakorn Roongphornchai

International board of hypnotherapy certification number F10320-663

provides the following services:

- Hypnotherapy
- Self-hypnosis training

At

3455 Cliff Shadows Suite 110
Las Vegas, NV 89129

Hypnotherapy is an educational process that facilitates access to internal resources that assist people in solving problems, increasing motivation, or altering behavior patterns to create positive change.

Education and training and hypnotherapy is classified under human services in the health and human services division of the classification of instructional programs by the United States department of education

Jo Nontakorn

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