



Parent Consent Form

Child's Full Name _____

Date Of Birth _____ Age _____ Siblings _____

Child's Primary Residence _____ Mother _____ Father _____ Both _____ Other _____

Reason For Visit

Has child ever been in therapy before? _____ If so, for what issue? _____

Has child receive hypnotherapy before? _____ If so, for what issue? _____

Has child been diagnosed with any medical condition?

For the medical conditions listed, kindly indicate child's primary care or attending physician name & contact details

Do we have approval to contact child's attending physician if needed:

_____ YES – we CONSENT to contacting our child's attending physician if needed

_____ NO – we DO NOT CONSENT to contacting our child's attending physician

Jo Nontakorn

Together with Renaissance Health Centre

3455 Cliff Shadows Pkwy #110, Las Vegas, NV 89129

Tel: (702) 258-7860

Email: admin@nontakornhypnotherapy.com



Is child currently taking medications? If so, please state medication name, reason, length of time, and dosage.

Parent / Legal Guardian Release Form

I/We are the parent(s)/legal guardian(s) of _____

As the parents/legal guardian of _____, I/We give consent for said minor to participate in being a co-therapist for hypnotherapy. I fully understand Jo Nontakorn DOES NOT ACT AS A MEDICAL PROFESSIONAL. I fully understand that hypnotherapy is an educational self-improvement process that facilitates access to internal resources that assist us in solving problems, increasing motivation, or altering behavior patterns to create positive change. Hypnotherapy is NOT a substitute for medical treatment or psychotherapy. Jo Nontakorn does not practice medicine or psychotherapy. Her services are NOT replacement for counseling, psychotherapy, psychiatric, or medical treatment. No service or product provided is intended to diagnose or treat any disease or illness, psychological, or mental health condition. Medical Support Hypnotherapy is used ONLY as an adjunct to conventional medical treatment. Consultation with a licensed physician is required before medical support hypnotherapy services can be provided.

Any suggestions made to me are NOT to be construed as/or substituted for advice from a medical professional. I acknowledge by signing this Parent Consent Release I have been given the full opportunity to ask any and all questions which I might have about clinical hypnotherapy and all my questions have been answered to my full and total satisfaction.

By signing this form, I acknowledge, on behalf of my child, the terms and conditions outlined in **my** own signed client participation agreement, on behalf of my child, with Jo Nontakorn and agree that those terms and conditions extend to my child without exception.

I/We, _____, as parent(s) or legal guardian(s), consent and give permission to Jo Nontakorn, Certified Medical Support Clinical Hypnotherapist (CMS-CHt), Fellow of the International Board of Hypnotherapy (FIBH) to conduct hypnotherapy, hypnosis, EFT, NLP, and/or Mindfulness with my/our child _____.

Parent/Guardian:

Date:

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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

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