



METAPHYSICAL THERAPIES

Dr. David Moyle, CHT

New Client Orientation

Thank you for choosing me to assist you in your healing and transformational process. I want you to be assured at the outset that our relationship is completely confidential. What goes on in our sessions is strictly between you and me.

It is important for you to understand that as a hypnotherapist, I may not diagnose, treat, prescribe or cure any physical, mental, or emotional disease. I am prohibited by law from these practices. I can and will facilitate and guide you in your journeys of self-healing. Under certain circumstances, I may request that you obtain a referral from an MD so that your complete and proper care can be assured. Upon completion of each session, I will generally assign homework for you to do. This is to ensure that your self-healing stays with you, since it must be integrated into your daily life.

Please understand that I cannot give you any guarantees of success. Each person brings so many variables to the process, including resistance to healing that it would be irresponsible for me to suggest a certain outcome. I can state that hypnotherapy is extraordinarily effective for many problems. I also cannot tell you how many sessions it will require to achieve the results you desire, although the average is four to six.

My fee for services is \$75.00 per session. Each session will generally take about one and a half hours, sometimes less, sometimes more. Payment is due at the end of each session. If you must cancel or postpone an appointment, I require 24 hours advance notice. Failure to give notice may result in your being dropped as a client.

Mind or mood altering substances including alcohol can effect the quality of your work in hypnosis. Therefore I strongly advise that you refrain from taking any of these products at least 24 hours prior to your appointment.

Please complete the following:

1. I am currently being treated for the following conditions _____

2. I am currently taking the following medications _____

I have read and agree to these guidelines.

Printed name

Date

Signature



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CLIENT INFORMATION FORM

Name: _____ Phone: _____ Phone2 _____

Address: _____ City _____ St _____ Zip _____

Emergency Contact: _____ Contact's phone: _____

email _____ Birth date: _____ Referred by: _____

1. What issue brings you here today?
2. How long has this been an issue?
3. What else have you tried to resolve it?
4. What effect has it had on your daily life? (sleeping, eating, relationship, health)
5. What has helped?
6. What has made it worse?

7. What forms of therapy have you already tried in the past for this issue or another?

What worked?

What didn't work?

8. Give a brief description of your present living arrangements, i.e., single, married, divorced, separated, children at home or away, independent home, roommate, extended family, friends, isolated, relationship with family/siblings.

9. Have you any previous experience with hypnosis? If so, what was it like?

10. What other life or health issues are you dissatisfied with or concerned about?