



BLUE PHOENIX WELLNESS

Daniel Reinaldo Bernstein, L. Ac., CH

80 East 11th Street Ste. 545, New York, NY 10003

212-777-7191

www.Bluephoenixacupuncture.com



New Hypnosis Client Assessment Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date: _____ Date of Birth: _____ Age _____

Best Phone: _____ Secondary Phone: _____

Best Email: _____ Secondary Email: _____

Emergency Contact Name and address: _____

Emergency Contact Phone: _____ Secondary Phone: _____

Is this your first time being hypnotized? Y N

If Not, how was your previous experience(s)? _____

Occupation: _____

Employer: _____

Marital Status: M ___ S ___ D ___ Sep ___ W ___

Spouse's Name : _____

Children: How many? Male ___ Female ___

Client Assessment

What is the presenting Issue? (What do you want to change?)

When and under what circumstances did this issue begin?

What specifically about your issue is leading you to seek help?

What life-style or attitude changes have been partially successful?

What other issues, either linked or not linked, to the presenting issue do you need help with?

What do you hope to accomplish in this session?

What's stopping you from having made this change already?

How will you know when you have achieved this change?

What will be different for you once you have this change already?

What are the benefits for you having this change?

When you think of an amazing, relaxing place, what comes to mind?

Describe a favorite vacation place?

What are the emotional triggers that lead to_____

Goals for Change

What is your 1 month goal regarding this issue(s)?

What is your 6 month goal regarding this issue(s)?

What is your 1 year goal regarding this issue(s)?

MEDICAL HISTORY

Have you ever been diagnosed with a mental illness? If yes, please explain:

Have you ever been treated for an emotional/behavioral problem? If yes, please explain:

Have you had or do you now suffer from any prolonged illness? If yes, please explain:

List all current medications you are taking:

Have you had or are you suffering from:

High Blood Pressure ____ Ulcers ____ Asthma ____ Stress ____ Epilepsy ____ Anxiety ____
Migraines ____ Diabetes ____ Heart Condition ____ Cancer ____ TMJ ____ Overweight ____ HIV/AIDS ____
Depression ____ OCD ____ ADD ____ Hypoglycemia ____ Fainting Spells ____ Food Allergies ____ Fatigue
____ Other _____

Are you pregnant? Yes ____ No ____ Drink Alcohol? No ____ Occasionally ____ Moderately ____ Daily ____
Smoke? Yes ____ No ____ If yes, do you smoke cigarettes? ____ Cigars? ____ Pipe? ____ How
much per day? _____

Where did you hear about us? (Please check all that apply.)

Blue Phoenix Wellness Website Yelp Facebook Twitter Other Website Newspaper article/ad,
brochure, or other marketing materials: _____

Terms & Conditions

NOTE: Hypnotist/Hypnotherapist/Practitioner are used interchangeably in the following document.

1. I have been advised by Daniel Bernstein, C.Ht. the scope of hypnosis/hypnotherapy practice and I give my full consent to receiving hypnosis/hypnotherapy sessions from Daniel Bernstein, C.Ht in today's session and in any future session.
2. I understand that results vary and that the above name practitioner may not guarantee results.
3. I understand that Hypnosis/Hypnotherapy is not a replacement for medical treatment, psychological or psychiatric services or counseling. I also understand that the Hypnotist/Hypnotherapist does not treat, prescribe for or diagnose any condition.
4. I understand that the practitioner is a facilitator of hypnosis or hypnotherapy and is also a practicing Acupuncturist under the laws of the State of New York.
5. I am aware and understand that in some cases it may be necessary for the practitioner to respectfully touch my shoulders, hands, wrists, legs, or forehead in order to assist me in relaxation. I give the practitioner permission and consent to do so in order to help me establish a beneficial state of hypnosis.
6. I have been advised that I am free to terminate any or all sessions at any time. I have agreed to participate in each session to the best of my ability.
7. I have accurately provided background information as requested by the hypnotist/hypnotherapist.
8. I understand that confidentially regarding my sessions will be honored between Daniel Bernstein and me. This same confidentially is respected when working with minors under the age of eighteen.
9. I understand that, depending on the state of my mental health, further psychiatric treatment by may be needed and will be suggested to me and documented by Daniel Bernstein if he determines my situation to be outside the scope of hypnoanalytic counseling and hypnotherapy.
10. I agree to pay Daniel Bernstein for all services rendered. I understand all monies are due on or before each session unless other arrangements have been made in writing. I understand that all pre-paid sessions must be used within 180 days of today's date.

I agree to all the terms listed above:

Client's electronic signature (type your name here) _____ Date _____

Guardian's signature (if client is a minor) _____ Date _____

Disclosure Statement

CONFIDENTIALITY

Matters regarding your sessions will be kept confidential except in the following circumstances: You grant me specific permission to release information to a specific individual or agency; child abuse; you are an imminent danger to self or others; or in the case of the subpoena of records. Any information shared is kept confidential. From time to time, I also consult with other colleagues, but in this circumstance, clients are not identified by name. Your signature below constitutes you giving permission for such consultations.

CANCELLATIONS

Since I have reserved our appointment time for you, it is my policy to charge for cancellations received less than 24 hours notice unless we are able to reschedule the appointment within the same week.

REPORTS AND PHONE CALLS

There is no charge for brief calls. Calls lasting longer than 20 minutes will be charged to the client on a prorated basis. Reports requested by insurance companies, physicians, etc. will not be released without your permission.

I agree to all the terms listed above:

Client's electronic signature (type your name here) _____ Date _____

Guardian's signature (if client is a minor) _____ Date _____

Acceptance Of Terms

I, the undersigned, understand all questions and verify that all information is complete and accurate to the best of my knowledge. I also understand that they hypnotic methods used by Hypnotist(s) of Blue Phoenix Wellness are not a substitute for medical or psychiatric treatment. I understand these methods to be a conditioning process, whereby an individual is taught to use their own abilities for their benefit and wellbeing. With this understanding, I hereby grant the Hypnotist(s) of Blue Phoenix Wellness permission to hypnotize me or the minor child whose name appears at the top of this form. I (we) further grant permission for the sessions to be recorded/taped as needed.

I know my progress is dependent upon my efforts and that there are no guarantees as to the result or progress to be made. I understand that the success of the treatment will be in direct proportion to my commitment to the end result.

I (we) agree to pay for services rendered to the above named client as the charge is incurred.

By signing this document, I am confirming that all information is true to the best of my knowledge, and I agree to all the terms listed above:

Client's electronic signature (type your name here) _____ Date _____

Guardian's signature (if client is a minor) _____ Date _____

WHAT THE CLIENT CAN EXPECT FROM ME

Because you have decided to become a client of mine, I owe you some things:

- You should expect me as your hypnotist to schedule appointments and live by them.
- You should expect me as your hypnotist to focus on you completely to during our session, and to perform at such a level of professionalism that the work will be superlative and endure.
- You should expect me as your hypnotist to be respectful.
- You should expect me as your hypnotist to be well trained and current.

- You should expect me as your hypnotist to speak to you in plain English and not use jargon.
- You should expect me to explain anything you do not understand clearly, and to answer any and all questions with patience and understanding.

Although I do not diagnose nor prescribe or tell people what to do, in the course of our treatment sessions, I suggest, educate, motivate and inspire people to get well. I do not provide physical or mental therapy, although if agreed upon between you and me, I may perform acupuncture within the session.

I am not a doctor or psychological counselor. Any suggestions or advice are general and should not be interpreted as a substitute for consulting with medical or mental health professionals. Accordingly, I take no responsibility for the consequences of any actions you might decide to take based on any comments or opinions I may express in the course of your visit.

Confidentiality: I will not release any information to anyone without a written authorization from you, except as provided for by law.

Packages purchased at a discounted rate are non-refundable.

Client signature

Date

PLEASE COMPLETE ALL PAGES AND CLICK HERE