

Laurence Lance Hypnotherapist
Hypnotherapy Contract For Services Pg1.

Name:

First: _____ Last: _____

Address _____ City/State _____

Zip _____

Phone: (____) _____

_____ Email _____

Birth Date _____

_____ Occupation _____

How did you hear about me? _____

Do you wish to be on my mailing list for occasional information, events and specials? (Circle)
yes/no

Have you ever been treated for an emotional problem? If so please explain:

Have you been treated for (circle): Diabetes-Epilepsy-Heart Disorder-Digestive problems?

Please list any medical conditions, history or medications that might affect your
session _____

Check things you would like to work on: __ Past Life Regression __ Guides __ Life between Life
Spiritual Regression (LBL) __ Life Purpose __ Health __ Blocks __ Self-Esteem __ Dreams
__ Relationships __ Stress/Anxiety __ Abuse __ Work Issues __ Self-Sabotage __ Anger

Quantum Consciousness journeys

Request for Resonance ____ The Empaths Journey ____ Ancient Wisdom ____ Exploring
Ultimate Consequence ____ The Consciousness of Water ____ Cosmic Home

What do you want to accomplish through hypnosis now?

Any previous attempts to solve this problem? Results:

Do you have any fears or phobias? Explain if

so: _____

Laurence Lance Hypnotherapy L.L.C., have permission to use information from my session in publications, providing the names and information are altered and **my name will not be used**.

Please initial as appropriate:

I Agree _____ I Do Not Agree _____

Contract for services Pg. 2

I have come to Laurence Lance, DBA Laurence Lance Hypnotherapy L.L.C. to work with me, and I am willing to be guided thorough relaxation, visual imagery, creative visualization, hypnosis and stress reduction processes and techniques for the purpose of self-improvement. I understand the therapy I am receiving is not a substitute for medical care and have been advised to discuss this hypnotherapy with my doctor who is taking care of me now or in the future. Additionally, I should continue my present medical treatment and consult my regular doctor for any treatment of any new or old illness. I agree that I am solely responsible for any action that I take or refrain from taking in connection with the topics discussed during our session. Laurence (DBA Laurence Lance Hypnotherapy L.L.C.) charges \$130 per hour for their services. I have completed the Client Intake Form to the best of my ability, and I have disclosed any mental or physical health problems that may be pertinent to the safe facilitation of a hypnosis session.

I have also received and read the State of Washington' brochure: Notice to Counseling or Hypnotherapy Clients information and I understand the contents and implications.

I understand I must give 24- hour notice of cancellation of appointment or half of the fee could be charged.

Signature _____ Date _____

Laurence Lance is certified by The Southwest Institute of Healing Arts, the National Association of Transpersonal Hypnotherapists, and The Institute for Quantum Consciousness