



Western Pa Hypnosis, LLC
Hypnotherapy & NLP Services
724-691-3928

Client Intake Questionnaire

Date: _____

Last Name: _____ First Name: _____

Address: _____ City: _____

State: ____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Age: _____ Occupation: _____

Have you seen a hypnotherapist before? _____ If yes, when and for what reason?

How did you learn about us? _____

Presenting problems/issues/symptoms:

(History of presenting problem/issue/symptoms, when did the problem begin?)

How are the issues listed above affecting your ability to function?

Medical History – Past and Present

Current medications, both prescribed and natural:

Mental Health History:

Drugs/Alcohol History:

Is there anything else we should know about you or your issue?

Emergency Contact:

In an emergency, my hypnotherapist/hypnotist has my permission to contact the following:

Name _____ Relationship _____
Phone: _____

Consent to Record:

I agree to allow my hypnotherapist/hypnotist to audio and/or video record the therapy session(s) for our mutual safety and benefit. I understand that all recordings shall remain PRIVATE, and will never be disclosed to anyone without my written permission or a Court Order from a judge.

Client's signature Date

Guardian's signature if client is a minor Date

Consent of treatment:

I fully understand and consent to receive hypnotherapy treatment from Western Pa Hypnosis, LLC.

Client's signature Date

Guardian's signature if client is a minor Date

Western Pa Hypnosis, LLC General Information

The State of Pennsylvania has not adopted education or training standards for the practice of hypnotism. Hypnotism is a self-regulating profession and its practitioners are not licensed by most state governments.

Western Pa Hypnosis LLC is not a licensed healthcare provider, and Jeffrey J. Lewis is not a physician and may not provide medical diagnosis, or recommend the use or discontinuance of medically prescribed treatments or medications.

APPROACH: The goal of Western Pa Hypnosis LLC is to guide each client to achieving lasting results through the use of Hypnosis, Neurolinguistic Programming (NLP), Meditation, and other related modalities. Each session is individualized and custom-designed for each client.

CONFIDENTIALITY: Western Pa Hypnosis LLC will not release any of your information, in any form, to anyone without written authorization from you and/or a court order from a judge. Your complete privacy shall be maintained at all times.

TERMINATION POLICY: Western Pa Hypnosis LLC reserves the right at any time to terminate services if or when deemed appropriate.

CANCELLATION and RESCHEDULING POLICY: Clients will be charged for their scheduled session if they do not give at least a 24-hour advanced notice to reschedule. Cancellations without rescheduling and “no shows” will be charged for.

INSURANCE and PAYMENT: Unfortunately, insurance companies do not yet cover hypnotherapy services in most states. Therefore, session fees are the sole responsibility of the client. Fees are to be paid in advance for both individual and multiple sessions. We accept Cash, Personal Checks, & payment via Zelle.