

Cathy Weber-Zunker Clinical Hypnosis
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Name _____ Date _____

E-mail address _____

Phone _____ Is texting acceptable? _____

Mailing address _____ City _____

State _____ Zip _____ Date of birth _____

Marital status _____ Number of children _____

Reasons for coming for hypnosis. _____

Any previous attempts to address this issue? Yes _____ No _____

On a scale of 1 to 10, how much does this issue affect your day to day life?

Least 1 2 3 4 5 6 7 8 9 10 Most

Benefits: list at least five benefits that you would receive by making the changes that you are seeking today.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Names you use as part of your spiritual belief (God, Divinity, Source): _____

Hypnosis is a combination of concentration and mental relaxation very similar to meditation. The best hypnotic subjects are creative, intelligent and use imagination to think positively. Clinical hypnosis is not intended to diagnose, prescribe, treat, or cure any disease or mental condition. Always consult Health Care professionals on any matter relating to your health.

I agree to cooperate in this hypnosis process and to complete any homework assigned. I understand that these sessions are not psychotherapy but are a therapeutic/complimentary/ alternative aimed at creating positive changes in my life. I agree to inform Cathy of all physical or mental conditions that might affect her work with me. I understand that I am a full partner in creating change. All information is confidential.

I understand that hypnosis as practiced by Cathy Weber-Zunker is not a medical treatment but a process whereby an individual is assisted and taught to use their own abilities for their benefit. With this understanding, I hereby grant permission to Cathy Weber-Zunker to hypnotize me.

Signature _____