



Client Information Sheet

Date: _____

Name: _____ DOB: _____ Age: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____ Other: _____

Email Address: _____ Website: _____

Resident of Oahu? _____ If no, first time here? _____ What part of the island are you staying?
_____ How long are you here for? _____

Do you prefer morning, afternoon or evening sessions? _____

May I leave a message on your voice mail or text? Yes _____ No _____ Do you prefer Text or Email? _____

How often after our sessions are finished would you like me to follow up with you? _____

Profession _____ For How Long? _____

Marital Status: Married/Couple _____ Single _____ Divorced _____ Widowed _____ Children? _____

Health Challenges/Diagnoses/Medications or anything you would like me to know about? (Not Required) _____

Previous Counseling? Yes _____ No _____ When? _____ For How Long? _____

Did it Help? Yes _____ No _____ Any Comments: _____

Have you been hypnotized before? _____ Good or Bad Experience? Any Comments? _____

Do you meditate? _____ If so, for how long? _____

Do you read regularly? _____ Do you wish for book/podcast/youtube suggestions? _____

Would you like to receive emails about upcoming classes/continuing consciousness resources? Yes _____ No _____

Are you interested in being part of our Knowledge Feed? Prescription to Change Series _____

Do you prefer to receive information for suggested list by email or text? _____

What were the religious or philosophical beliefs in your family? _____

Briefly describe your current spiritual or religious beliefs? _____

How did you hear about the Mind Well Method? _____

Would you be interested in Zoom Video/Facetime/Phone Call Sessions? _____

Circle Below or fill in below what you want to change or improve during your sessions:

Anxiety/Stress

Fears of: _____

Spiritual Guidance

Overall Clarity

Angry Feelings

Guilty Feelings

Lack of Motivation

Overall Happiness

Chronic Pain

Lack of Energy

Financial Worries

Mental Strength

Insomnia

Alcohol/Drug Use

Relationship Issues

Awareness

Shyness

Sexual Issues

Physical: _____

Confidence

Life Purpose

Weight/Body Image

Child Hood Abuse

Self Esteem

Smoking

Memory/Concentration

Other: _____

Other: _____

What is the primary issue at this time? What would you like to accomplish? Do you have and questions or concerns I should know about? _____



Office Policies and Client Agreement

Like the practice of medicine, hypnosis, self-hypnosis, hypnotherapy and regression are not absolute sciences. We personally know of no cases or have any knowledge of any case on record where a person has been harmed in any way by hypnosis, self-hypnosis, hypnotherapy, meditation or regression. We do know of thousands of cases where individuals have benefited from these experiences. It is necessary as a general practice to have everyone taking part in The Mind Well Method / Ruth Goodfellow activities to sign this disclaimer.

I am of legal age, and in consideration of my acceptance as a participant in this seminar, hypnosis, hypnotherapy session, regression therapy, training, or any other Mind Well Method product or service or production, I for myself, my heirs, executors, administrators, and assignees, do hereby release and discharge Mind Well Method from all claims of damages, copyright, demands or actions whatsoever in any manner arising from or growing out of my participation. I understand that if we make recordings during a session or event, that Mind Well Method retains copyright of these recordings.

Name Of Client: _____ Sign: _____ Date: _____

To be more successful in reaching my goals, I know it is important for me to:

1. Take responsibility for my life, for I create it. I realize I am creating my own reality.
2. Recognize my thoughts, feelings, perceptions, and actions have a direct effect of my life, and that I can choose which thoughts, feelings, perceptions, and actions I will experience.
3. Be an active participant in my hypnotherapy experience and see myself as a partner in the transformation nature of this process. This includes working during the session and any homework assigned.
4. Agree to be on time for my sessions and to allow at least 24 hours advance notice should I need to cancel or reschedule a session. I understand that if I do not give 24 hour notice, I will be responsible for a one session fee of \$165 which will be charged on the date of scheduled appointment.

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Confidentiality: Everything you say in therapy is confidential and your records are not released without your permission, except in these cases:

Child Abuse: I am required by law to report child abuse to the State.

Physical Harm: I must intervene to prevent harm to you or others.

Subpoena: If I or my records are subpoenaed by a court of law, I would have to comply. I would, however only answer specific questions and release only specifically requested materials.

I have read and understand the confidentiality notice and the Confidentiality Practices on the next page.

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