



Intuitive Hypnosis

Debbie A Taylor-Lilly MA, CHt

1915 NW AmberGlen Pkwy, Suite 400, Beaverton, OR 97006

Case History

Date: _____

Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Birth date: _____ Present age: _____

Occupation: _____

Reason(s) for seeking hypnosis: _____

Marital/Relationship status: _____ Children: Yes _____ No _____

If yes, genders and ages: _____

Emergency Contact:

Name: _____ Phone: _____

Relationship to contact: _____

Are you in good health? Yes _____ No _____ Do you have any allergies? Yes _____ No _____

Are you currently taking any prescription or over the counter medications? Yes _____ No _____

If yes, please indicate the purpose of the medications: _____

Please indicate if you have any current or previous health issues with any of the following:

Central Nervous System: Yes _____ No _____ Gastro-Intestinal System: Yes _____ No _____

Cardio-vascular System: Yes _____ No _____ Post Obstetric History: Yes _____ No _____

Respiratory System: Yes _____ No _____ Do you use tobacco? Yes _____ No _____

Alcohol Intake: (how many on average, per day, week, or month) _____

Recreational Drug use: Yes _____ No _____ How often? _____

Previous experience with hypnosis: Yes _____ No _____

Have you experienced any major life changes in the past 2-3 years such as:

Buying/selling property? Yes _____ No _____ Major accident or illness? Yes _____ No _____

Moving? Yes _____ No _____ Gaining or losing a loved one, including pets?
Yes _____ No _____

Career change? Yes _____ No _____ Relationship change? Yes _____ No _____

Anything else you want me to know about you? Please explain: _____

Referred by: _____

If you found me on the Internet, what search terms did you use? _____



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Terms and Conditions

Note: The terms hypnotist/practitioner are used interchangeably in this document.

I have been advised by Debbie Taylor-Lilly MA, CHt regarding the scope of hypnosis practice and I give my full consent to receiving hypnosis sessions from her.

I understand that results vary, and the above-named practitioner does not guarantee results. Hypnosis is not a replacement for medical treatment, psychological or psychiatric services or counseling. I also understand that the hypnotist does not treat, prescribe for or diagnose any condition.

I understand that the practitioner is a facilitator of hypnosis and is not practicing any other profession that requires a license under laws of the State of Oregon. The practitioner does not offer “therapy” in the clinical sense of the term.

I am aware and understand that in some cases it may be necessary for the practitioner to respectfully touch my shoulder, hand, wrist or forehead in order to assist me in relaxation. I give the practitioner consent to do so in order to help me establish a beneficial state of hypnosis.

I have been advised that I am free to terminate any or all sessions at any time, except where doing so would violate the terms of a contract or other payment agreement.

I have agreed to participate in each session to the best of my ability.

I have accurately provided background and health history information to the best of my knowledge.

I understand that by making an appointment for hypnosis services I am reserving time with a clinician that is exclusively my time. In the event I am unable to keep an appointment I will notify the office by one of the following methods *at least one full business day* before the appointment:

1. By logging into your account at <http://www.fullslate.com> and cancelling or rescheduling.
2. By sending an email to: dtaylor@ihpdx.com
3. By telephone call to 503-312-4660.

I agree to pay ***Intuitive Hypnosis*** the cost for the broken appointment (\$165) should I fail to give the proper notification. I agree to pay this cost at my next appointment, or within 7 days of the broken appointment, whichever occurs first.

Signature _____

Date _____

Signature of Parent/Guardian _____

Date _____