

# Client questionnaire

Session date \_\_\_\_\_

## 1. CONTACT DETAILS

Name

Address

Phone

Email

## 2. PERSONAL DETAILS

Gender

Age

Marital Status

Do you have children?

Occupation

## 3. BACKGROUND INFORMATION

How did you find Maria?

Why do you want a hypnosis session?

Have you ever been hypnotised? If so, what was the experience like?

Do you meditate?

Are you receiving any mental health treatment now with a counsellor, therapist, psychologist or psychotherapist? If yes, please explain treatment any prescribed psychotropic medications?

**Please be advised that it is beyond the scope of my training to work with someone who has been diagnosed with schizophrenia and/or are taking prescribed psychotropic medications**

## Waiver Form

I voluntarily agree to sign this waiver and assumption of risks, because I fully understand that Maria Angeles Martinez, who is going to perform hypnosis therapy, is not doctor, nor has a degree in Psychiatry, and can neither diagnose nor treat any type of physical or mental disorder. I understand that this hypnosis session is exclusively for educational or emotional reasons. Moreover, I understand that any suggestion that is made during this session is only a part of a personal and educational motivation program, and is only informative. It is not intended to be in any way used as medical or psychological advice; this can only be given by a medical professional or a mental health specialist.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Maria A. Martinez from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

Client name \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Responsibilities and Liability Release**

1. I am willing to be guided through relaxation, visual imagery and/or hypnosis. I am aware these modalities are spiritual-based and non-medical in nature and it is my responsibility to consult my regular doctor about any changes in my condition or changes in my medication.
2. I understand the above modalities are not substitutes for regular medical care and I have been advised to consult my regular medical doctor or health-care practitioner for treatment of any old, new or existing medical conditions.
3. I understand that being hypnotized is not being asleep. During a deep hypnotic trance, you can open your eyes, speak, laugh, walk and you may be aware of everything that happens around you. You can even open your eyes and think it is not working and are not hypnotized. But when you allow those feelings or thoughts that come to your mind to flow freely, you will relax and remember forgotten events in this life or past life.
4. I understand that change is my own and complete responsibility. I understand all healing is self-healing and that Maria is only a facilitator in the process of helping me to solve my own problem(s). It is my responsibility to be open and

## Confidential

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honest, provide accurate feedback and be forthcoming with details and information that may help me achieve my outcomes.

5. I understand that our session will be digitally recorded for my later use. I also understand that in these types of metaphysical sessions, the energy in the room can affect the equipment and recording resulting in static or blank recordings.
6. I agree that full payment is due at the end of the session. I understand that results do vary and are unique to each individual and that no specific outcomes can be guaranteed.
7. By booking a consultation with Maria A. Martinez-Perez I agree to abide by the terms and conditions specified on <https://mariahypnotherapy.com/Terms-and-Conditions/>

### Special Use of Information:

I understand that my name and personal information will be kept completely confidential.

I understand that often in Hypnosis sessions, universal information is provided through the client to benefit all of humanity. I agree to allow Maria Martinez to share this information and any accompanying story in blogs as long as my name and all personal and relevant details are omitted or changed.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_