



GOLD ENCOMPASS  
— HYPNOTHERAPY —

**Anthony Torres MC.Ht.**

APPLICATION, PERSONAL DATA RECORD

Name: \_\_\_\_\_ Sex: F M Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

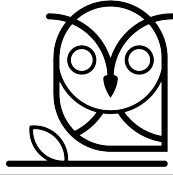
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Name and Phone Number of Close Friend or Relative to Contact in an Emergency:

Name	Relationship to you	Phone
How did you hear about my services?		
_____		
Have you ever been hypnotized before? Yes _____ No _____		
If yes, by whom? _____		
Please list what you wish to accomplish through the use of my services.		
_____		
_____		
_____		
Gold Encompass Hypnotherapy   <a href="http://goldencompasslife.com">goldencompasslife.com</a>   949-939-7219		



GOLD ENCOMPASS  
— HYPNOTHERAPY —

**Anthony Torres MC.Ht.**

ACKNOWLEDGEMENT OF SERVICES AND FEES  
SUBJECT: SELF-IMPROVEMENT PROGRAM

**I, the undersigned, acknowledge that I understand and agree to the following:**

I agree to pay you Anthony Torres MC.Ht., a fee of:

- \_\_\_\_\_ \$ 250 for a single session.
- \_\_\_\_\_ \$ 500 for a package of 3 sessions.
- \_\_\_\_\_ \$ 750 for a package of 6 sessions.
- \_\_\_\_\_ \$1000 for a package of 10 sessions.

I also agree to pay you for your services and entire package, **in full**, at the completion of the first session.

I agree to give you 24 hours notice for all cancellations or changes of scheduled appointments. I understand, that missing a scheduled appointment without prior cancellation, or canceling with less than 24 hours notice, may be charged to me at the current full rate.

I understand that the program of conditioning offered by you will include an undetermined number of private sessions, depending on my individual needs. I understand and agree that the major purpose of this program is for Vocational or Avocational Self-improvement and those problems of psychogenic or functional origin are treated by psychological or medical referrals only (Business and Professions Code 2908). I also understand that there are no guarantees as to the results or progress to be made, only that you will, to the best of your ability, endeavor to accomplish the objective of my sessions.

Additional Conditions:

---



---



---

Client \_\_\_\_\_

Date \_\_\_\_\_

Hypnotherapist \_\_\_\_\_

Date \_\_\_\_\_

## DISCLOSURE OF SERVICES

In recognition that millions of Californians receive a substantial volume of healthcare services from complementary and alternative health care practitioners, California Law allows access by California residents to complementary and alternative healthcare practitioners who are not providing services that require medical training and credentials. The following disclosure is provided in compliance with Section 2053.6 of the California Business and Professions Code.

The purpose of a program of hypnotherapy is for vocational and avocational self-improvement (Business and Professions Code 2908) and as alternative or complementary treatment to healing arts services licensed by the state. A hypnotherapist is not a licensed physician or psychologist and hypnotherapy services are not licensed by the State of California. Services are non-diagnostic and do not include the practice of medicine, neither should they be considered as a substitute for licensed medical or psychological services or procedures.

Hypnotherapists who assist clients with weight loss and/or other health and fitness goals may provide general nutritional advice and/or recommend published books, food guides and health and fitness publications. This is not a substitute for medical advice and you are advised to seek your Doctor's approval before making any medical/health/lifestyle changes.

Hypnosis works with the power of the subconscious mind to change habits and behaviors. The subconscious mind is considered to be the source or root of many of our behaviors, emotions, attitudes and motivations. Hypnosis is believed to be a powerful tool for accessing the subconscious mind and creating improvements in our lives.

Services consist of a program of conditioning, including an undetermined number of private sessions, depending on the client's individual needs. The hypnotist will to the best of his or her ability endeavor to accomplish the objectives of the client's sessions. While hypnosis may be an effective technique for many purposes, the effectiveness may vary from individual to individual, and no specific results or progress can be promised or guaranteed.

The feelings and experiences one has in the hypnotic state can vary from individual to individual. Many people remain completely aware of everything that is going on while in hypnosis. Some individuals experience a hyper-awareness where sensations are perceived enriched and vivid. The ability to visualize or imagine is often enhanced. A feeling of deep relaxation is common and some people describe the hypnotic state as an escape from physical tension and emotional stress, while remaining completely alert.

The use of hypnosis could elicit memories of past events which may or may not be literally true. It is possible that events under hypnosis will be distorted or misconstrued. Memories or images evoked under hypnosis are not necessarily accurate and may be a construction or a composite of memories. Without corroborating information, it is not possible to determine whether a specific memory is true or false, even if it seems true to the client.

While it is the practice of Hypnotherapists to keep information confidential, information revealed in hypnotherapy is not subject to the psychotherapist-patient privilege. A court may order disclosure of information learned in therapy.

*I have received a copy of this disclosure and understand the information described above. I have also read the accompanying document which is a biography of the Hypnotherapists education, training, experience and other qualifications regarding the services to be provided.*

Client Name (please print): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_