

# Welcome New Client | Intake Form

Client of Sharon Belknap, CHt • Hypnotherapist

Indigo Dragon Center • 451 La Veta Ave, Encinitas, CA 92024 • Personal Cell: 858 922 8339

*ALL INFORMATION IS STRICTLY CONFIDENTIAL*

*Please fill out completely and print clearly.*

Date \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Best Phone \_\_\_\_\_ ( ) preferred \_\_\_\_\_

Best Email \_\_\_\_\_

Emergency Contact and phone \_\_\_\_\_

Occupation \_\_\_\_\_

Marital Status Single [ \_\_\_ ] Partnership [ \_\_\_ ] Married [ \_\_\_ ] Other [ \_\_\_\_\_ ]

First Name of Spouse, Partner, Pet(s) \_\_\_\_\_

First Name of Spouse, Partner, Pet(s) in Spirit \_\_\_\_\_

Parents/Siblings/Children in physical or in Spirit

Name/age \_\_\_\_\_ Name/age \_\_\_\_\_

Name/age \_\_\_\_\_ Name/age \_\_\_\_\_

Name/age \_\_\_\_\_ Name/age \_\_\_\_\_

Name/age \_\_\_\_\_ Name/age \_\_\_\_\_

\_\_\_\_\_

How did you come hear about me?

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Have you participating in a hypnotherapy session before? Y [ \_\_\_ ] N [ \_\_\_ ]

If yes, how was your previous experience(s)?

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**For your physical & emotional comfort during your sessions**

Feel free to wear comfortable and nurturing clothing to your sessions. Bringing a favorite blanket and pillow to your session is encouraged and welcomed.

For Zoom sessions, please do create a comfortable setting for yourself with a pillow for under your head and one for beneath your knees. Adjust the lighting in the room to enhance your relaxed state and silence all notifications on devises. Important: Please do have your laptop or tablet connected to your charger or fully charged.

Contact lens wearers: during hypnosis, your eyes could be closed for up to least 45 minutes. If your contacts will cause eye irritation, please remember to bring a lens holder/ solution to remove them.

Do you require extra sensitivity to your hearing? Y [ \_\_\_ ] N [ \_\_\_ ]

If yes, please inform me so I may position myself for your optimal hearing.

What is the reason for seeking hypnotherapy and what would you'd like to focus on?

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Please list possible benefits you're hoping to gain from your hypnotherapy experiences:

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**Present Stressors.** Please rate by number (1 being low stress to 10 being high stress) the areas in your life where you feel emotional stress at this time.

Emotional/Personal    Physical/Health    Spirituality    Upcoming change

Relationships/family    Work    Financial    Grief/Loss/Change

Other \_\_\_\_\_

**Aspirations.** Please rate by number (1 being low focus to 10 being high focus) the areas in your life you'd like to receive greater peace, fresh insights and balance in.

Emotional/Personal    Physical/Health    Spirituality    Upcoming change

Relationships/family    Work    Financial    Grief/Loss/Change

Other \_\_\_\_\_

**Spirit/God/Universe:** Within my hypnotherapy sessions, I often use words such as Source, Pure Love, the Infinite and others. Are you comfortable with these words? Y [ \_\_\_ ] N [ \_\_\_ ]

Please share your preference for how you refer to a higher power, if you do:

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**Sacred space or sanctuary:** Within a hypnotherapy session, we are often given the opportunity to imagine a beautiful tranquil place, in nature, where you feel safe, fully supported and where possibilities are infinite. This place can be real or purely within your imagination. Share with me, in what environment would you feel fully supported, safe and at peace?

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\_\_\_\_\_continue...

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Do you presently practice self-care; meditate, pray, exercise, eat thoughtfully, journal, spend time in nature?

Y [  ] N [  ] Please share a few details:

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### Medical History.

**Note:** Hypnotherapy is not traditional therapy. The following questions support me in navigating your session within my code of ethics and my commitment to serve you.

Have you been given a diagnosis for psychological treatment? Y [  ] N [  ] If yes, please explain:

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Are you currently taking prescription medications? Y [  ] N [  ]

Are you now or have you been under regular medical or psychological treatment in the past? Y [  ] N [  ] If yes, please explain:

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Have you had or do you now suffer from any prolonged illness; physical or emotional? Y [  ] N [  ] If yes, please explain:

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**Ongoing Emotional Stressors:** On a scale from 0 to 10 with 0 being almost none, with 10 being very intense, how much do the following life experiences affect you currently.

[  ] Stress [  ] Anxiety [  ] Loss of self [  ] Depression [  ] OCD [  ] Fatigue  
[  ] Lack of focus [  ] Racing Mind [  ] Empathy overwhelm [  ] Phobias  
[  ] Fear of future [  ] Fear of death [  ] Fear of life [  ] Sadness/Melancholy  
[  ] Overwhelm [  ] Perfectionism [  ] Sleep issues [  ] Grief/Loss  
[  ] Life changes  
[  ] Other: \_\_\_\_\_

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Have you experienced major traumas in your life (list as many that you feel are relevant) and at what age? We will go into further detail during our intake session and more may arise in the future. Brief, single word descriptors will be fine for now.

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Have you ever thought of suicide or attempted suicide? Y [ \_\_\_ ] N [ \_\_\_ ]

Are you pregnant? Y [ \_\_\_ ] N [ \_\_\_ ]

Drink Alcohol? Y [ \_\_\_ ] N [ \_\_\_ ] Occasionally [ ] Moderately [ ] Daily [ ]

Do you smoke? Y [ \_\_\_ ] N [ \_\_\_ ] What do you smoke and how often \_\_\_\_\_

Was there ever a period in your life when you felt that substance use interfered with or was an issue for you; frequency & type? \_\_\_\_\_

How many hours of sleep do you get per night [ ] Describe the quality of your sleep and do you feel rested when you awake?

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**HYPNOSIS:** The practice of hypnosis encompasses the “induction” of a hypnotic state or expanded state of consciousness by applying individualized techniques to induce a relaxed, more aware and connected state. You will be fully awake and responsive at all times. Very few people fall completely asleep during hypnosis.

Within every being there lies the potential to elevate, heal, and inspire ourselves as well as others. Hypnosis is considered as a significant tool to actualize this process. By delving into the roots of human conditioning and habit formation, we may work with the non-tangible aspects of human behavior and utilize effective methods to diminish negative and harmful habits and accomplish positive behavioral change.

Through hypnosis, there is the potential to change the belief systems with which our behaviors and habits have been conditioned. Hypnosis is a state of altered consciousness induced by verbal suggestion, visualization and/or other forms of stimuli to the senses. It is a state in which the subconscious mind enjoys a heightened level of susceptibility to further suggestions occasioned by bypassing the conscious mind through suggestion, relaxation, and imagery.

**Education & Training:** I am formally trained and certified by the Hypnotherapy Training Institute and studied under Randal Churchill. I am a Member of the American Council of Hypnotist Examiners and participate in ongoing continued education My ACHE Certification #HT 122-023

**Fees:**

**Welcome new client intake - 30 minutes - Complimentary**

## Hypnotherapy Sessions 60 minutes - \$160

Packages of 3 or more 60 minute sessions may be pre-purchased at \$150/hour.  
3 Sessions/\$450 • 4 Sessions/\$600 • 5 Sessions/\$750 • 6 Sessions/\$960

Additional 30 minutes: \$75

**Pre Payments secures your appointment:** All fees are paid in advance of sessions.



I accept payments through Venmo @Sharon-Belknap. Cash and checks are always appreciated. Sessions can be done both in-person and virtually via Zoom.

**Appointment Availability:** I will do my utmost to schedule your appointments in a timely manner following your initial new client intake session. An appointment is only confirmed when the fee is paid in advance.

### **Scheduling your 30-minute complimentary intake session and appointments:**

Please reach out to me directly by phone or text. It's much easier to navigate the MindBody app and Indigo Dragon website together.

***I commit to respond to you within 24 hours.***

**Cancellation Policy:** Your appointment time is reserved exclusively for you. Please arrive promptly to obtain your full session. If you must cancel or reschedule, I require a 48-hour prior notice. If you must reschedule due to an emergency, please notify me as soon as possible.

**Refunds:** If a session is cancelled, funds transfer to your next scheduled session.

**Confidentiality:** All hypnosis sessions are confidential. I will not release any information to anyone without written authorization from you, except as provided by law.

**Services:** Hypnosis is a natural and safe, self-help process. ***Hypnosis is not a practice of medicine or psychotherapy. The hypnosis services provided are for educational and self-improvement purposes and are not intended for the diagnosis or treatment of any medical or psychological condition. If you have an on-going medical illness, mental disability, or mental illness, please consult a medical doctor, psychiatrist or psychologist licensed by the state of New Jersey. I do not present my services as any form of health care and despite research to the contrary, by law, I may make no health benefit or claims for services.*** During hypnosis sessions, clients are completely aware of their surroundings and suggestions, however persons are so relaxed that they intently focus on the voice of the hypnotist. The ability to visualize or

imagine is enhanced. Most clients comment that they were truly relaxed and have not been so relaxed in quite some time. Hypnosis is safe and pleasurable. *Please note that hypnosis may take several sessions to achieve. Some clients achieve an expanded state of consciousness easily the very first time, while with others, it may take a few sessions and some practice.*

**Ethical standards:** I offer hypnosis services in accordance with the Code of Ethics and Standards prescribed by the American Council of Hypnotist Examiners. It is your right to refuse any aspect of my services and to seek services of another certified hypnotist at any time.

**Client Consent and Release:** I understand that my success is contingent on my commitment to improving my life and circumstances. I have been advised that I am free to terminate any or all sessions at any time and I have agreed to participate in each session to the best of my ability. I understand that Sharon Belknap, CHt, is not diagnosing, prescribing for, nor treating any physical or mental ailments and I do not hold her responsible for them. I understand that the sessions may produce emotional and physical responses that may be unexpected and of a highly personal nature. These sessions are not a substitute for any medical or psychiatric consultations. I agree to inform Sharon Belknap, CHt, of all physical or mental conditions which may affect our work together. I understand that our sessions may respectfully involve Reiki, healing touch, and I give the practitioner permission and consent to do so in order to help me establish a beneficial state of hypnosis. I understand that the practitioner is a facilitator of hypnosis and is not practicing any other profession that requires a license under the laws of the State of California. I authorize that this release form applies to all future appointments as well. I also authorize that I am of legal age and in consideration of my acceptance as a participant in hypnosis or group session, or any other Sharon Belknap, CHt, session, I for myself, my heirs, executors, administrators and assignees, do hereby release and discharge Sharon Belknap, CHt, from all claims of damages, copyright, demands or actions whatsoever in any manner arising from my participation. Further, I understand that audio recordings are made during sessions and that Sharon Belknap, CHt, retains the copyright of these recordings.

*I declare that I have read this consent and release and that I fully understand and agree to the terms described. I acknowledge receipt of a copy of this statement.*

\_\_\_\_\_ Date Signed \_\_\_\_\_  
Client Signature (if under 18, must be signed by a legal guardian)

# *Welcome New Client* | Disclosure & Consent Form

For the New Clients of Sharon Belknap, CHt

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The undersigned Client acknowledges that they, he, she, have been informed of the following information:

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

Sharon Belknap, CHt, (hereafter referred to as “hypnotherapist”) agrees to provide professional services in accordance with acquired training and experience giving undivided attention during scheduled consultations to facilitate Client’s benefits.

\_\_\_\_\_ **Hypnotherapist’s work is Client-centered.**

Services provided utilize induction of hypnosis, and methods and principles used to help clients discover their inner creative abilities to develop positive thinking and feelings and to transform undesirable habits and behavior patterns.

\_\_\_\_\_ **Therapeutic goals are to achieve freedom from restrictive thought and belief systems, to assist in solving personal problems, developing motivation and achieving goals.**

Client may be taught the use of self-hypnotic techniques to assist in achieving goals and resolving issues that have been mutually agreed upon by Client and Hypnotherapist.

\_\_\_\_\_ **Hypnosis is not a state of sleep,** but is a natural state of mind that can produce extraordinary levels of relaxation of mind, body and emotions.

\_\_\_\_\_ **The principles and theories upon which hypnotherapy is based are accessing and utilizing the power of one’s inner resources.** Hypnosis can transcend the critical, analytical level of mind, and facilitate the acceptance of suggestions, directions and instructions desired by the Client. The therapeutic use of Hypnosis can also elicit information and insights from the inner mind. The hypnotherapist utilizes interviews, discussion and hypnotic methods dealing with underlying issues whenever appropriate, with the goal to achieve effective and lasting results.

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\_\_\_\_\_ **Services to be provided do not include the practice of medicine, as Hypnotherapist is not a licensed physician.** These services are non-diagnostic, and are complementary to the



healing arts services that are licensed by the state. The California State Legislature has determined that state licensing may not be conferred upon an occupational group for purposes of status or prestige. The primary purpose of licensing laws for legally defined Healing Arts and Mental Health professionals is to protect public health and safety. The Legislature finds that these non-medical complementary and alternative services do not pose a known risk to the health and safety of California residents, and that restricting access to those services due to technical violations of the Medical Practice Act is not warranted. Accordingly, Hypnotherapists are not issued licenses by any State Governmental Agency to engage in their professional services.

\_\_\_\_\_ **I understand that these sessions are not psychotherapy but are a therapeutic alternative aimed at creating positive changes in my life.** I agree to inform my hypnotherapist of all physical or mental conditions that might affect her work with me.

\_\_\_\_\_ **I understand that I am a full committed partner in the creating changes I aspire to embody. I am committed to participate authentically during my sessions and to eagerly engage in fostering my realizations to expand the positive impact created in our sessions.**

I, Sharon Belknap, CHt, have acquired the following education, training, experience, and qualifications to perform the services offered to my Clients:

- Certified Hypnotherapist, Master Hypnotist  
Training - Hypnotherapy Training Institute, Randal Churchill, Santa Rosa, CA
- Reiki Master/Teacher, Usui Method  
Training - Master/Teacher, Donna Shaffer, Campbell, CA
- Mindfulness Based Stress Reduction Facilitator  
Training - University of San Diego, School of Medicine

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

Sharon Belknap, CHt \_\_\_\_\_ Date \_\_\_\_\_