

## New Client Interview Form

Please complete and return before your first appointment.

Date:

PERSONAL INFORMATION	
Name:	Date of Birth:
Address:	
City/State/Zip:	
Home Phone:	Cell Phone:
Email Address:	
Occupation:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/> Other:	
Number of Children:	Ages:
Referred By:	

Providing the following information will allow me to make more efficient use of your appointment time. The purpose of all questions is to help me understand how you think, what your inner beliefs are, and your outlook on life. All answers will help me to help you. **Be as specific and detailed as possible;** feel free to use extra pages if needed. All information is kept strictly confidential.

PERSONAL HISTORY
Have you had hypnosis before? If yes, when, and in what setting?
Why have you chosen hypnosis?

What goals do you wish to achieve?

Symptoms or current difficulties?

How long?

How has the condition or reason you are seeing me affected your life? How has it served you in a positive or negative way?

What other modalities have you tried to help with this condition or situation? How did they work or not work for you?

Do you have any ideas as to why they did or did not work?

What might be expected of you if this condition or situation were gone tomorrow?

Describe how your life would look when this condition or situation is gone:

What causes you the most stress at this time in your life?

How does stress affect you?

How would you describe your relationship with your spouse or primary partner at this time?

Please describe your relationship with each of your parents as you remember them when you were growing up. Also include any other significant persons in your life, such as a stepparent or grandparent. Please note if any of these people are now deceased.

Do you have any siblings? If yes, what are their ages?

What is your religious background (if you have one), and what are your current beliefs about death? Do you believe in God or a Higher Power?

### MEDICAL HISTORY

Doctor:

Phone:

Are you currently or have you ever been diagnosed with or treated for schizophrenia, psychosis, depression, anxiety, fits, or convulsions? If yes, when, and what is/was the treatment?

Do you have any physical/mental disabilities that are not apparent to the casual observer (e.g., dyslexia, etc.)?

Are you currently taking any medications? If yes, what are they for?

Have you ever been physically, sexually, or emotionally abused? If yes, please explain.

**WEIGHT HISTORY**

**Please fill out this section only if you are seeking treatment for weight management.**

Current Height:

Current Weight:

Ideal Goal Weight:

Describe your history of being overweight. Be as specific as possible, including your age at the time of any significant gains or losses. (Women: please note all pregnancies and your age at the time.)

Describe your eating habits. (For example: Do you overeat only at meals? Snack all day long? Do you feel addicted to certain foods?)

Are you now or have you ever engaged in bingeing and/or purging? If yes, when?

Some people have a reasonable amount of insight into why they overeat, while others are at a total loss to understand why. If you have any insights, please list them here.

Do you currently participate in any form of exercise? If not, what kind would you like to do?

In detail, how do you think your life will be different when you are at your ideal goal weight? Is there anything that scares you or worries you about reaching your ideal goal weight?

## Policies, Terms, and Conditions

### Sessions

The number of sessions needed will vary, depending on the behavior modification desired. Generally, most people will require a minimum of three or more. Sessions are designed to meet the individual needs of the client. Each client is provided with a CD recording of his or her hypnosis session to reinforce the desired behavior modification. (Some other techniques used may not require a CD.)

Gwenn begins working with you before you even meet: she will study the information you provided in your New Client Interview form and determine what methods or techniques she believes will work best for you. You are also free to contact her between sessions if you have questions or challenges.

### Fees

Gwenn provides a variety of services in private sessions, including Hypnosis, Reiki, a Stop Smoking Program, and Inner Child, Past-Life Regression, and Time-Line Therapy.

**First session (1½ –2 hrs): \$350.00**

**All following sessions: \$225.00/hr**

*An additional \$50.00 will be charged for any time up to 30 mins over the scheduled appointment time (if schedules permit).*

### Hypnosis or Reiki Package

**Pre-pay for 5 sessions (1<sup>st</sup> session: 1½ –2 hrs; 2<sup>nd</sup> – 5<sup>th</sup> sessions: 1 hr each): \$1250.00, and get your sixth session FREE! (a savings of \$225)**

### Stop Smoking Program

**Two sessions (about 2 hrs each): \$900.00**

*(In the unlikely event that a follow-up smoking session is needed, the regular rate of \$200.00/hr applies.)*

**Gwenn accepts payment in the form of cash, check, or Venmo.** If you are on a fixed income, flexible fees can be discussed before your first appointment. Payment plans are also available. There are no additional charges for communications (texting or emails) between sessions. Questions are encouraged to enhance the client's progress!

### Office Hours

Monday – Friday: 10:00 a.m. to 6:00 p.m.  
One Saturday per month (scheduled as-needed): 10:00 a.m. to 3:00 p.m.

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## **Cancellation, No-Show, and Late Charges**

Please notify Gwenn at least 24 hours prior to your appointment time if you must cancel or change your scheduled appointment. If you cancel less than 24 hours in advance of your appointment or do not notify Gwenn of the cancellation at all (no-show), a fee in the full amount of the scheduled session cost will be billed to you. (You will not be billed for a missed session if the cancellation was due to an emergency situation.)

If you are more than 15 minutes late for your scheduled appointment time, it is considered a no-show. You will not be seen, and you will be billed for the full cost of your scheduled session. (If you know that you will be late and notify Gwenn ahead of time, you will not be charged.)

## **Confidentiality**

All your records are confidential. Your records can be released to a third party (such as your medical doctor) only upon your written authorization.

(See next page)

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## Client Agreement

Gwenn Kafka has informed the Client that:

- she does not treat with medications or diagnose emotional, medical, or psychological disorders, but is engaged in working for Client's relaxation, self-improvement, and behavioral changes.
- the services to be performed are hypnotic induction and relaxation techniques, and other techniques such as Time-Line Therapy, Emotion Freedom Therapy, Thought Field Therapy, and Reframing.
- she is a Certified Medical Hypnotherapist, Certified Hypnoanaesthesiologist, a Master Hypnotherapist, and a Reiki Master Practitioner, and also a non-denominational minister.

The Client acknowledges and understands that California has specific laws pertaining to the use of hypnosis to enhance, recover, or aid in testifying in criminal matters, and that those laws may also impact civil cases if the hypnosis is used for the same purposes. **Use of hypnosis to aid memory or recall for court testimony may result in the inadmissibility of that testimony.** The Client has been advised to contact his/her attorney if any question exists in the Client's mind as to whether he/she may affect legal rights in matters currently pending by the use of hypnosis.

**The Client asserts that he/she is not currently involved in any criminal or civil matters and is not seeking to enhance or develop memories for use in litigation. The Client agrees to hold Gwenn Kafka harmless, to defend and indemnify Gwenn Kafka from any claims including attorney's fees and costs related to the so-called creation of memories or testimony that may arise or be related.**

**Client agrees not to listen to hypnosis CDs while driving a vehicle or operating heavy machinery.**

I acknowledge that I have read and understand all of the policies, terms, and conditions above, and that the foregoing is true and correct to the best of my knowledge, and I agree to be bound by my own representation.

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

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