

INFORMED CONSENT TO PARTICIPATE IN A HYPNOSIS SESSION

I, _____ (name of client), have been informed by Olesea Iacova about the scope of therapy and I give my full consent to receiving hypnotherapy sessions by the above practitioner. I understand that results are not guaranteed, and I must want to change. For best results, sessions will normally only focus on one issue at a time; multiple issues will require additional sessions.

I consent to undergo hypnotherapy practice and understand that this may unlock some difficult memories in the process.

I have been explained that hypnotherapy is not a replacement for medical treatment or psychiatric services. I also understand that the therapist does not treat, prescribe for, or diagnose any condition. I understand that the practitioner does not diagnose any condition or illness. I have accurately provided background information as requested by the hypnotherapist.

Informed Consent for Online Sessions

I am aware and understand that for remote appointments, I will need a comfortable chair that is low enough so that my feet will touch the floor and I will feel supported. I will be in a safe place free from any nearby objects that may be harmful, and I will remain at this place during the session.

I understand that for my safety, I should provide an emergency contact information:

Name: _____ Relationship: _____ Contact number: _____.

I understand that Zoom sessions require a link which will be sent to me 10 minutes prior to my session by email. I will download and test Zoom before my session. It is under my responsibility to have: a decent pair of headphones, a webcam with a clear signal, a space where I will not be distracted, and a strong internet connection. I will make sure that my face, eyes, and arms are clearly visible. If at any stage, I feel unwell, I should let Olesea know.

Fees and Financial Arrangements

All individual sessions must be paid upon booking. By booking, I accept the Booking Policy.

Cancellations & Missed Appointments: I understand that I will be liable for a charge if I cancel an appointment. If I cancel 48 hours before, I will be charged 30% of the appointment fee. If I cancel 24 hours before, the charge will be 50% of the appointment fee. Missed appointments will be charged at 100% of the appointment fee.

By signing below, I acknowledge that I have read and understood the above information and I have addressed any remaining questions that I have about hypnotherapy. I agree to participate in hypnotherapy with Olesea Iacova as a part of my total therapy process.

I understand that all sessions are video recorded and are only for our reference.

I authorize video recording my session: ____ Client Signature: _____ Date: ____

CONSULTATION FORM

Name_____Date_____

Age_____Marital Status_____Children_____

Occupation_____

Preferred method of contact: Email:_____Phone:_____

Emergency Contact

This is required for remote sessions

Name:_____Relationship:_____Telephone:_____

Are you currently taking any medication? _____

Have you ever had psychiatric treatment? _____

Have you any physical/medical condition? _____

Have you recently gained or lost weight? _____

Have you recently consulted your doctor? _____

Tick all items that indicate a problem to you

Lack of confidence

Weight

Smoking

Insecurity

Appetite

Alcohol

Relationships

Nail biting

Grief

Unusual fears

Confusion

Guilt

Nervous symptoms

Sex

Worry

Stress/Pressure

Spiritual

Poor Sleep

Low Self-esteem

Blushing

Habits

Anxiety/Upsets

Phobia

Work

Eating disorder

Memory

Suicidal

Afraid to go out

Can't cope

No future

Skin condition

Pain

IBS

Jealousy

Anger

Self-harm

Additional notes:
