

(Fax completed form to 888-290-3972)

NOTE: All information is confidential except that which we are legally obligated to report, such as threat to injure yourself or others. The more detail you offer about your goals the more help we can be.

Name _____ Date of Birth _____ Sex _____
Address _____ City _____ State _____ Zip _____
Work # _____ Home # _____ Cell # _____ E-mail _____
Personal Status: ___ Married ___ Single ___ Divorced ___ Widow
Name of Partner _____ Children yes no

Do you frequently: daydream zone out lose track of time fantasize stare off into space

Have you ever meditated? Yes No Describe _____

Define your ultimate relaxation? _____

How do you relax? _____ Are you good at it? Yes No How often relax/wk? _____

Do you schedule relaxation? Yes No Do you think it's a good idea? Yes No

What prevents you from routinely relaxing? impatience job schedule family inability low priority

Do you experience any compulsive tendencies? _____

List any current health problems: _____

Under psychologist/psychiatrist care? _____

List any current prescription medication, vitamin or herbs _____

Medical Consent

IBS hypnosis is the treatment a medically diagnosed condition so we need your physician's consent prior to beginning sessions. Please fill in the M.D. contact information below.

MD: _____ Phone: _____ Fax: _____

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List 3 important lifetime goals _____

List 3 hobbies/past-times _____

Current occupation? _____ Do you enjoy your work? _____

List anything you would like to improve at _____

If you could do or become anything you chose what would it be? _____

Ever received hypnosis? (If so describe) _____

Why are you pursuing hypnosis now? _____

How did you hear about Paul Gustafson? Web TV Radio MD Friend

Do you follow any religious practices? (If so, describe) _____

Check all that apply

Nervousness	Inability to relax	Sadness
Sexual concerns	Constant worrying	Nail biting
Teeth grinding	Nightmares	Poor health
Cigarette smoking	Alcohol abuse	Drug abuse
Overeating	Eating disorder	Self-mutilization
Codependency	Inability to focus attention	Forgetfulness
Relationship problems	Inactivity/sedentary lifestyle	Lack of confidence
Recent illness of a loved one	Disruptive fears	Childhood trauma
Recent death of a loved one	Lack of energy	Poor self-esteem
Abusive home situation	Difficulty focusing	Lack of success
Abusive work situation	Compulsive gambling	Other

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When did IBS symptom(s) begin? _____ Your age at symptom onset? _____

Has your MD ruled out lactose intolerance, dumping syndrome, celiac or gallbladder disease and intestinal bacteria or parasites? Yes No

Trauma or accident? _____ Family IBS history? Yes No

Circle Symptom(s) Gas Pain Diarrhea Constipation Spasms Bloating

Any complicating symptoms? _____

Rate symptoms on 1-10 scale (1= no symptoms, 10= extreme) _____

What makes symptoms worse? _____ Better _____

How do symptoms limit your activities? _____

What interventions have you tried? _____

Have you had success? _____

Current medications _____

RELEASE STATEMENT: I hereby authorize Paul Gustafson, R.N., B.S.N., C.H. to hypnotize me for the purposes outlined in this intake form and for future purposes that I may request. I understand there is no guarantee of success. I also understand that my success with hypnosis depends greatly on my ability to relax, my desire to create positive change as well as being an open and willing participant.

Signature

Date

Parent or Guardian (if under 18 years of age)

Date



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Client Bill of Rights

Contact Information: 58 Peach Orchard Road Burlington, MA 01803. Phone & fax: 888-290-3972
email: info@BurlingtonHypnosis.com

Education and Training: Paul Gustafson, R.N., B.S.N., C.H. is a Registered Nurse and has a Bachelor of Science Degree from the University of Massachusetts, Lowell. He is trained and certified in Medical, Irritable Bowel Syndrome, Metaphysical and Regression Hypnosis. He is a member of the National Guild of Hypnotists and does annual continuing education to maintain his training at a high level.

Notice: THE STATE OF MASSACHUSETTS HAS NOT ADOPTED ANY EDUCATION AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. Under Massachusetts law a hypnotherapist may not provide a diagnosis or recommend a discontinuance of medically prescribed treatments. If a client desires a diagnosis or any other type of treatment from a different practitioner, the client may seek such services at any time. A client has the right to know the expected duration of treatment, and may assert any right without retaliation.

Redress: Paul Gustafson, R.N.,B.S.N.,C.H. is a Certified Member of the National Guild of Hypnotists and practices hypnosis in accordance with its code of ethics and standards. If you have a complaint that Paul Gustafson can not resolve with you personally, you may contact the National Guild of Hypnotists at P.O. Box 308, Merrimack, NH 03054-0308, 603-429-9438.

Payment Fee: IBS 6 visit package: \$600. Payment in full on initial visit. All major credit cards accepted.

Refund Policy: You have 6 months to use prepaid office visits after which they expire. You also have 6 months from time of initial visit to request a refund for unused sessions, which is in the form of gift certificates.

Missed appointment fee \$50 Returned check fee \$25

Confidentiality: Paul Gustafson will not release any information about you without written authorization from you, except as provided for by law. You have a right to access your records.

Insurance Coverage: It is quite rare for health insurance coverage. You should expect to be responsible in full for your sessions. You will receive a detailed invoice so that you may pursue reimbursement from your insurance company if you so desire. All major credit cards accepted.

I have read and understand the Client Bill of Rights:

Client Name (print): _____

Signature: _____ **Date:** _____