



Navesink Wellness Center

61 Carton Street
Rumson, NJ 07760
732-533-4224

Name: _____ Date: _____

Address: _____

Phone: _____ Cell Phone: _____ Email: _____

Reason for Seeking Integrated Imagery: _____

Prescribed Medications (*Please also state what medication is for): _____

Have you been diagnosed with any of the following? Please answer Yes or No for each

___ Schizophrenia ___ Chronic Depression ___ Bipolar Disorder ___ Heart Disease ___ Epilepsy

***If you have any of the above conditions, a doctor's written referral is required**

Do you have any mental or behavioral conditions requiring continued treatment by a psychiatrist or psychologist?
Please explain:

Informed Consent – If under 18 years of age, parent or legal guardian must sign

I _____, understand that integrated imagery regression hypnosis is a method for self-exploration and potential behavioral change. This may enable me to search for meaning and understanding and to direct my own personal growth and development. I understand that hypnosis is a trance state and that suggestions may adjust habits of thought, feeling and behavior.

I further understand that hypnosis is self-hypnosis.

Since I am in total control of the hypnotic state and session, I can stop a session at any time. I choose the entry point for my trance state and also what is discussed while in that altered state. I understand that the facilitator may use symbols and symbolic language which I will interpret according to my own belief system.

I enter into hypnosis willingly and out of my own desire for self exploration and / or behavioral change. Furthermore, I am consenting to these sessions on my own initiative and *I realize that hypnosis is not offered as a substitute for physical, emotional or psychological diagnosis and care.*

By permission, sessions may be recorded (audio only) for personal use of the client. All information revealed during any hypnosis session is agreed to be strictly confidential between Navesink Wellness Center and client.

Signature: _____

Date: _____

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61 Carton Street
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Integrated Imagery Regression Hypnosis

Client Copy

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