

2017 HYPNOSIS REGISTRATION FORM

CHT: _____

INFORMATION PROVIDED HERE WILL REPLACE ANY INFORMATION PROVIDED BY PHONE. ANSWERS NOT PROVIDED WILL BE DELETED FROM YOUR RECORD. PLEASE ANSWER IN FULL.

First Name: _____ Middle Initial: _____ Last Name: _____

New Patient Updated form **Check here if no new changes since form was submitted last year.**

Date of Birth: _____ Age: _____ Social Security # _____ Gender: M F

Marital Status: Single Married Divorced Widowed Other: _____

Home Address: _____ City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Additional Phone: _____

Email Address: _____

(Necessary for announcements, emergency office closings, and communications)

If patient is a minor please provide the name/contact information of person(s) responsible for patient:

Name _____ Phone: _____

Name _____ Phone: _____

How would you like appointment reminders to be sent to you? None (no reminder will be sent)

Email using address above Text Message to Carrier Name: _____ at cell# _____

Employment Status: Employed Student Disabled Other _____

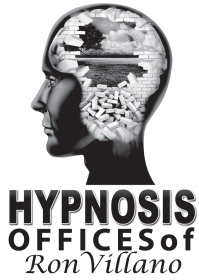
Employer Name: _____

Briefly, please describe the reason for coming in today:

Who should we thank for referring you or how did you hear about our office?

Psychology Today Internet Search Advertisement (describe below) Referred by (describe below)

Insurance Other/Description _____



2017 POLICIES AND GUIDELINES

CHT: _____

SIGNATURE IS REQUIRED ON THIS PAGE IN ORDER TO PROVIDE TREATMENT.

CANCELLATION POLICY

We require 48-hour notice to change or cancel an appointment. While we do understand that there are circumstances at times that are unavoidable and we will take this into consideration, in the event that you cancel or no-show for a scheduled appointment, your credit card may be charged a cancellation fee. **In most standard cases, this fee is \$125.**

METHOD OF PAYMENT

You may pay by cash, check or credit card. Session fees are payable at the start of each visit or your appointment may be rescheduled and is subject to a cancellation fee. You agree to keep a valid credit card on file in our office for the purpose of facilitating payment. You agree and acknowledge that you ultimately remain responsible for payment on your account.

SCOPE OF PRACTICE

Hypnosis Offices of Ron Villano reserves the right to refer outside the practice and/or terminate your session in the event that it is determined that your needs exceed our scope of practice or when legal remedies are mandated or required.

CONFIDENTIALITY

Your treatment here is kept in the strictest of confidence where applicable by law. Under normal circumstances no one will be permitted any access to any information unless you specifically request, in writing, a release of information. At the discretion of the hypnotist or other agent of this practice, confidentiality may be broken in the event of extraordinary, extreme or life-threatening circumstances. At those times, we will provide only the minimum necessary information in order to provide the appropriate level of care. We have the right to refuse to treat you if you choose to refuse disclosure of your personal health information..

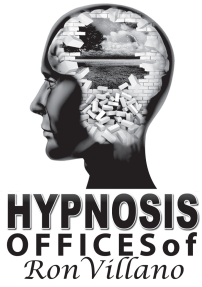
GENERAL CONSENT

This policy summary reflects an active interest in your concerns and you acknowledge that your participation is voluntary.

Your signature below indicates that you agree and acknowledge our policies and guidelines:

Signature _____ Date: _____
(Parent/Guardian signature if patient is a minor under 18)

Print Name: _____



2017 CONSENT FOR HYPNOSIS

Cht: _____

ANNUAL COMPLETION OF FORM IS REQUIRED IN ORDER TO RECEIVE HYPNOSIS.

Your signature below is an acknowledgement of full consent to receive hypnosis. You understand that results vary and that the practitioner does not guarantee results.

Hypnosis is not a replacement for medical treatment, psychological or psychiatric services or counseling. You also understand that the hypnotist does not treat, prescribe, or diagnose any condition.

You understand that the practitioner of this session is a facilitator of hypnosis and is not practicing any other profession that requires a license under the laws of the State of New York.

You agree to provide background information as requested by the hypnotist in order to provide an optimum approach to establishing the goals of the session.

You are aware and understand that in some cases it may be necessary for the practitioner to respectfully touch your foot, hand, or shoulder in order to assist in your relaxation and progression of hypnosis. You give the practitioner permission and consent to do so in order to help establish a beneficial state of hypnosis.

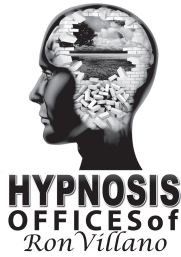
You agree that your participation in hypnosis is voluntary. You are free to end any session at any time. Your hypnotist reserves the right to end hypnosis in the event that we determine a purposeful state of hypnosis cannot be achieved.

Confidentiality will be honored at all times between you and the practitioner and are subject as outlined in the Policy & Guidelines attachment to this consent.

Your signature acknowledges your participation in hypnosis.

Signature: _____

Print Name: _____ Date: _____



GROUPS NOW FORMING!

Family & Personal Counseling and Hypnosis Offices also offer group sessions which address a wide range of topics and issues. If you are interested in any one of these groups, or of another type of group, please fill out this form. Our office will contact you with more information.

Not interested in groups at this time

Reduce Anxiety
Relieve Depression
Deal with Phobias _____
Self-Esteem
Lose Weight
Post Bariatric Support
Relaxation/Meditation
Social Skills: M F Age: ____
Social Anxiety
Divorce (Adult)
Divorce (Children)
Bullying
Singles
Parenting Skills

Relationship Tune Up
Pre-Marital Issues
Body Image
Bereavement Coaching
Self-Help Reading Club Group
The Zing Reading Club Group
School Transitions:
Elementary to Middle
Middle to High School
High School to College
College to Career
Career Transitions
Elder Care Emotional Support

Other group not mentioned – please describe: _____

Have questions? Ask your provider or call our office at 631-758-8290.