Via Natural Medicine
554-A Des Meurons St. Winnipeg, MB Canada R2H 0P8
Phone: 204.615.5225 | Fax 204.615.5201
email: welcome@vianatural.ca | www.vianatural.ca

NEW PATIENT INTAKE FORM - ADULT
Roxanne Ross, CMS-CHt

Services Provided

Roxanne Ross provides the following services:

Hypnotherapy, Self-hypnosis Training

Hypnotherapy is an educational process that facilitates access to internal resources that assist people in solving problems, increasing motivation, or altering behaviour patterns to create positive change.

This information will be used to aid in serving you as the client. Please answer honestly and know that answering yes or no to any particular question does not mean that you cannot receive services from this practitioner. Your honest answers serve in your receipt of appropriate care and service. All information will be kept confidential within the Health Insurance Portability and Accountability Act (HIPPA) regulations.

Client Information

We respectfully ask that you complete this form prior to arriving for your scheduled appointment time.

Client's Name: _____ Age: ____ Gender: _____
First Name Last Name

Home Address: _____ City: _____ _____

Province: _____ Postal Code: _____ Phone #: (____) _____

Email: _____

1. What is the main reason you would like hypnotherapy sessions?

_____

_____

2. Medical conditions or challenges:

_____

_____

3. Are you currently under a physician's care for any of the above mentioned conditions or challenges?

_____

_____

4. When was your last visit with a physician?

_____

_____

5. Was anything about the visit notable? If so, explain briefly:

_____

_____

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Client Information Continued...

6. Are you currently taking any medication(s)? Y / N

a) If so, what are the names of the medications, and how do they affect you?

_____

_____

7. Have you spoken to your physician about hypnotherapy as an adjunct to your treatment?

_____

_____

8. Have you ever had any mental health treatment, such as with a counselor, therapist, or psychiatrist? Y/N

a) If yes, give a brief history of your mental health treatment and the results of your treatment:

_____

_____

9. Are you receiving ant mental health treatments now? Y / N

a) If yes, name of the mental health professional: _____

b) Have you spoken to your mental health professional about hypnotherapy as an adjunct to your treatment? Y / N

12. Do you take any prescribed psychotropic medications?

a) If so, what are the names of the medications, and how do they affect you?

_____

_____

13. Have you ever been hypnotized before? Y / N

a) If so, briefly explain your experience:

_____

_____

_____

_____

14. Other issues or areas I would like to resolve:

☐ Situation Stress ☐ Fogiveness ☐ Fears ☐ Job Performance

☐ Self Esteem or Shyness ☐ Unwanted Habits and Self Control ☐ Lack of Motivation

☐ Smoking Cessation ☐ Body Shape ☐ Sports Performance

☐ Spiritual Growth ☐ Test Taking/Accelerated Learning/Memory Improvement

☐ Self Confidence ☐ Chronic Pain (already assessed by a physician)

☐ Accelerated Healing (already assessed by a physician) ☐ Other: _____

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Limits on Confidentiality of Information

Clients have a right to expect that information revealed in sessions not to be disclosed without extraordinary justification. The conditions that justify the release of information the release of information and by law must be reported to the appropriate agencies, are the following:

1. Knowledge of child abuse or neglect
2. Knowledge or senior citizen abuse or neglect
3. A client poses a serious risk of suicide and is an imminent danger to self.
4. A client poses a threat of imminent danger to another person
5. By a court issued subpoena, may obtain information
6. Report to law enforcement authorities knowledge of a felony that has been, or is being committed

In other situations, signed authorization for release of information is required.

Client_____

Signature: _____ Today's Date: ____/____/_____
DD MM YYYY

I personally know of no case on record where an individual has been harmed by the use of these methods. I do know thousands of cases where people of all walks of life have benefited greatly from the use of these methods.

As a general practice, it is necessary for everyone taking part in private sessions with Roxanne Ross, to sign this Release of Liability Agreement. I am of legal age, and in consideration of my acceptance as a participant in this private hypnotherapy session, I for myself, my heirs, my executors, administrators and assignees, do hereby release and discharge Roxanne Ross and Via Natural Medicine Inc., coworkers, or other participants in any of the activities, from all claims of damage or dispute arising from my participation in hypnotherapy sessions, should it arise, shall be settled by binding arbitration before an extra-judicial arbitration and mediation service selected by the parties. I further understand that recordings may be made at any of these sessions, and that Roxanne Ross retains the copyright to all of these recordings.

Signature: _____ Today's Date: ____/____/_____
DD MM YYYY

If under 18 years of age

Legal guardian: _____
First Name Last Name

Signature: _____ Today's Date: ____/____/_____
DD MM YYYY

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Co-Therapy Agreement

In order to be more successful in reaching my goals I agree to:

1. Be an active participant in my hypnotherapy experience and see myself as a partner in the transformative nature of this process
2. Recognize that my thoughts, feelings, images and actions have a direct effect on the quality of my life
3. Acknowledge that my well being depends directly on how well I care for myself physically, emotionally, intellectually and spiritually.
4. Accept that blaming others or myself is totally futile.
5. Take responsibility for my experience of life, because I create my life experience to the best of my ability at the moment, with what I know right now.
6. I agree to be on time for my sessions and allow at least 24 hours of advance notice should I need to cancel or reschedule a sessions.

Client_____
First Name Last Name

Signature: _____ Today's Date: ____/____/_____
DD MM YYYY

My commitment to you: I will use my expertise to facilitate the changes that are mutually agreed upon to be in your best interest, in the shortest possible time.

Roxanne Ross

_____ Today's Date: ____/____/_____
DD MM YYYY