

Helene V. Ramos

MA, Dipl. PW, Certified Medical Support Hypnotherapist & MARI Mandala Practitioner, Reiki Master-Teacher

Processwork • Hypnotherapy • Medical Support Hypnosis • Dream Work • Shamanic Energy Medicine • Reiki Treatments & Instruction • Creative inner dialogues via MARI Mandala, & Sacred Ritual • Conflict Facilitation for Couples and Groups

Client Information & Participation Agreement for Children

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Parent's Phone: _____

Email _____ Parent's Email: _____

Please check the phone number(s) above where I can leave a message for you if necessary

Age _____ Birthdate _____

School _____ Current Grade in School _____

Medical conditions or challenges that bring your child in today _____

Is your child currently under a physician or medical practitioner's care for this/these conditions?

Yes No

Name of physician _____ How long since your last visit with a physician _____ Anything notable about the visit? **Yes No**

Date of last visit _____ Does your child's physician support the use of hypnosis as an adjunctive modality for this condition? **Yes No**

It is generally to your advantage if your Primary Care Physician and I can discuss and coordinate care related to your child's physical and mental health.

Do s/he and I have your permission to do so? **Yes _____ No _____**

Is your child currently taking any prescription medications? **Yes No**

If yes, please list them and the dosages taken.

Has your child ever been in therapy or counseling before? **Yes No** If yes, for how long? _____

Did s/he find it beneficial? **Yes No** Is your child currently in therapy/counseling: **Yes No**

Is your child's therapist aware of our work together? **Yes No**

Has your child ever been hypnotized before? **Yes No** If so, was it successful? **Yes No**

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What are your child's experiences, if any, with altered states of consciousness?

What are the spiritual or religious beliefs or philosophy of life of your family?

Please circle any of the following on which you and your child wish to focus:

Anxiety/stress*	fears of:_____
Angry feelings	Lack of motivation
Body Symptoms	Lack of energy
Guilty Feelings	Unwanted habits:_____
Insomnia	Grief and loss
Shyness	Low self-esteem
Test Anxiety	Surgical/Dental Anxiety
Weight issues/body image	Focus and concentration
Past-life exploration	Trauma/Assault*
Chronic Pain	Other_____

***PLEASE NOTE:** If your child is in the process of coming to terms with severe anxiety, stress or trauma it may be in your best interest to also be in treatment with a licensed mental health professional. My services are appropriate as adjunctive or supportive treatment but in these cases, the knowledge and consent of your therapist will make this process more productive for your child. It may also be helpful, with your permission, for me to consult with your therapist about your process. We can discuss this together if it becomes appropriate to do so.

Why did you choose me to help your child?

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How did you hear about my services?

Client Participation Agreement & Practice Policies

Please read carefully and sign:

HYPNOSIS: Like many practices, hypnosis, medical support hypnosis, self-hypnosis, hypnotherapy and hypnotic age regression are not absolute sciences. I personally know of no case or have any knowledge of any case on record where an individual has been harmed in any way by hypnosis, self-hypnosis, hypnotherapy, meditation or hypnotic age regression. However, there are thousands of cases where individuals have benefited from these experiences. It is necessary as a general practice to have everyone taking part in the activities and/or services offered by me sign this disclaimer.

I am certified by the Hypnotherapy Academy of America as a Hypnotherapist and Medical Support. I am certified in Life Between Life Regression by the National Association of Transpersonal Hypnotherapists, through the Association for Research and Enlightenment (A.R.E.).

I understand that the services provided to me are for self-improvement purposes and are not for the diagnosis or treatment of any mental or physical ailment. Time and effort outside office sessions will be necessary to get the results you want. In addition, working on yourself can be stressful or upsetting at times. If you are questioning whether now is the time to tackle a problem, we should discuss this. Our sessions together will be most productive when you are motivated and have some time to devote to the process beyond the time we're meeting.

Fees and Payment: My fees are designed so that you can afford to come and I can afford to stay in practice. Fees cover my time with your child as well as activities on your behalf such as research, record keeping, and contacts with your physician or other providers. Payment is required for each session. Sessions vary in length from 60 minutes to 2 hours depending on the issue being discussed and the process being employed. My fee is \$125 PER HOUR or portion thereof. Regression therapy and Past Life Regression sessions because of their depth and complexity may extend to 2 hours in length. All sessions are payable by cash, check or credit card (with a 2.75% handling fee) at the beginning or end of the session unless other arrangements have been made in advance. Please note that I am not able to accept payments from your insurance company or file claims for you. However, if you have a *health savings account* or similar resource and have ascertained that they will cover the costs of our sessions, I can provide you with a professional invoice for services. Please

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let me know about this before we begin our work together.

Appointments: Sessions are generally 60 minutes long. It's my intention to begin all appointments on time, which means I will end them on time, in order to be ready for my next appointment. If you arrive late for an appointment, we will have less time to work. In the event that an appointment must be rescheduled, you agree to give at least 24 hours notice by phone or e-mail. In the event that an appointment is not rescheduled within 24 hours or if you do not come to my appointment, you understand that payment in full for the missed session is due prior to the next session.

Emergency procedures: I (Ms. Ramos) will not answer non-emergency calls while in session with clients, but you may leave a message on my confidential voice mail. I try to answer all calls as soon as possible, but if I have not responded within a reasonable time, please try again (especially if your call is urgent!). **Do not hesitate to seek help in an emergency situation by calling 911, the mental health crisis line at 434-972-1800 or going to the nearest emergency room.**

I affirm that I am of legal age and in consideration of my acceptance as a participant in this hypnosis, hypnotherapy session, age regression, seminar or any other service provided by Helene V. Ramos, I for myself, my heirs, executors, administrators and assigns, do hereby release and discharge Helene V. Ramos or other participants from all claims of damages, copyright demands or actions whatsoever in any manner arising from or growing out of my participation.

I, (name) _____

Address _____

Phone _____ email _____

give my permission, for my practitioner, Helene V. Ramos, to take notes about me, including health history/medical and /or personal information I choose to disclose to her in the course of our sessions.

This information will not be disclosed to a third party, including my physician, without express written consent on a separate "Consent for Release of Information" form, except in the following instances:

- in response to a subpoena from a court
- in cases of reported child or elder abuse or
- in the case of imminent danger to myself or others.

Should any of the situations above occur, the required disclosure will be discussed with me beforehand. Your signature below constitutes consent to treatment and indicates that you understand and agree with all of the above.

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Your Signature _____

Today's Date _____

Please, print your name _____

(If applicable) Parent or legal guardian _____