

Helene V Ramos, CHT, RMT
Intuitive Energy Medicine . Reiki Instruction
Hypnotherapy . Dream Work . Process Work
Creative inner dialogues via MARI Mandala, & Sacred Ritual
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Client Information & Participation Agreement

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____ Mobile _____

E-mail _____

Age _____ Birthdate _____

Marital Status _____ Occupation _____

Medical conditions or challenges _____

Are you currently under a physician's care for this/these conditions? _____

Name of physician: _____

How long since your last visit with a physician _____

Anything notable about the visit? Yes No Date of last visit _____

Are you currently taking an prescription medications? Yes No

If yes, please list them _____

Have you ever been in therapy or counseling before? Yes No

If yes, for how long? _____ Did you find it beneficial? Yes No

Are you currently in therapy or counseling: Yes No

Is your therapist aware of our work together? Yes No

Have you ever been hypnotized before? Yes No Do you meditate? Yes No

What are your experiences with altered states of consciousness?

What are your spiritual or religious beliefs or philosophy of life? _____

What were the religious or philosophical beliefs of your family of origin?

What do you **most** want to change or improve during your sessions? _____

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

Anxiety/stress*	fears of: _____
Angry feelings	_____
Guilty feelings	Lack of motivation
Chronic Pain	Lack of energy
Insomnia	Unwanted habits: _____
Shyness	Relationship issues
Test Anxiety	Financial Worries
Weight issues/body image	Life purpose
Past-life exploration	Low self esteem
Spiritual transformation	Focus and concentration
Midlife issues	Trauma/PTSD/Sexual Assault*
Other _____	

*PLEASE NOTE: If you are 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 may be appropriate as adjunctive or supportive treatment but in these cases, the knowledge and consent of your therapist will make this process more productive for you. It will also be helpful, with your permission, for me to consult with your therapist about your process.

Why did you choose me to help guide you through your turning point?

How did you hear about my services? _____

Please read and sign:

Like many practices, hypnosis, self-hypnosis, hypnotherapy and hypnotic age regression are not absolute sciences. Ms. Ramos personally knows of no case or has 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 Ms. Ramos sign this disclaimer.

Ms. Ramos is a certified member of the National Guild of Hypnotists, and practices in accordance with its Code of Ethics and Standards. If you have a complaint about Ms Ramos' services or behavior that she cannot resolve for you personally, you may contact **The National Guild of Hypnotists, P.O. Box 308, Merrimack, NH 03054-0308, 603.429.9438** to seek redress. Ms Ramos is certified in Life Between Life Regression by the National Association of Transpersonal Hypnotherapists through the Association for Research and Enlightenment (A.R.E.). She is also a member of the International Reiki Association.

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. Sessions vary in length from 1 hour to 1.5 hours or more depending on the issue being discussed and the process being employed. The fee for the initial session is \$95 and \$85 PER HOUR thereafter. Regression therapy and Past Life Regression sessions because of their complexity are at least 1.5 hours. Spiritual explorations with Life Between Life (LBL) Sessions are from 3-5 hours in length. All sessions are payable by cash or check at the beginning or end of the session unless other arrangements have been made in advance.

In sessions that involve energy medicine (Reiki or Shamanic techniques) I understand that Ms. Ramos will be working in my energy field or directly with my body through physical touch. By signing this form I give my permission for work to be done in this manner and consent to this form of contact.

In the event that an appointment must be rescheduled, I agree to give at least 24 hours notice by phone or e-mail. In the even that an appointment is not rescheduled within 24 hours or if I do not come to my appointment, I understand that payment in full for the missed session is due prior to the next session.

I affirm that I am of legal age and in consideration of my acceptance as a participant in this hypnosis, hypnotherapy session, age regression, training, 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.

Client Agreement and Confidentiality Form

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 my 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.

Signed _____ Date _____

Please, print your name _____

(If applicable) Parent or legal guardian _____