

Helene V. Ramos

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

Processwork • Hypnotherapy • DreamWork • Shamanic Energy Medicine • Reiki Treatments & Instruction
Creative inner dialogues via MARI Mandala, & Sacred Ritual

Client Information & Participation Agreement

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____ Mobile _____

Email _____

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

Age _____ Birthdate _____

Marital Status _____ Occupation _____

Medical conditions or challenges _____

Are you 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 _____ It is generally to your advantage if your Primary Care Physician and I can discuss

and coordinate care related to your physical and mental health. Do s/he and I have your permission to do so?

Yes _____ No _____

Are you currently taking any prescription medications? Yes No

If yes, please list them and the dosage you take.

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/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 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 investigate during your sessions? _____

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

- | | |
|-----------------------------|--------------------------|
| Anxiety/stress * | fears of: _____ |
| Angry feelings | Lack of motivation |
| Guilty feelings | Lack of energy |
| Chronic Pain | Unwanted habits: _____ |
| Insomnia | Relationship issues |
| Shyness | Financial Worries |
| Test Anxiety | Life purpose |
| Weight issues/body image | Low self esteem |
| Past-life exploration | Spiritual transformation |
| Midlife issues | Focus and concentration |
| 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 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 guide you at your turning point?

How did you hear about my services? _____

Please read and sign:

PROCESS WORK: There are many different kinds of therapeutic methods. I am trained as a Process Worker and as such will work together with you to increase your awareness of how various life processes– through perceptions of body symptoms, relationship dynamics, dreams, and daily phenomena – is meaningful. We will explore your experiences and with my assistance, help you to experience them more deeply. This will lead to new insights and attitudes. At times the methods may seem unusual or not make immediate sense. If at any time you have questions about what is happening or feel uncomfortable, please let me know so we can discuss your concerns. I practice in accordance with the Process Work Code of Ethics which is available for review at: www.processwork.org/?s=code+of+ethics.

HYPNOSIS: 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, energy work (Reiki or Shamanic techniques.) 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.

ENERGY WORK: 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. Should experience any discomfort during an energy work session, please inform Ms. Ramos immediately. You are in charge at all times.

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 2 hours or more depending on the issue being discussed and the process being employed. The fee for the initial 2-hour MARI session is \$225 and my rate for other services is \$150 PER HOUR or portion thereof. Regression therapy and Past Life Regression sessions because of their depth and complexity are at least 2 hours. Spiritual explorations with Life Between Life (LBL) Sessions are from 3-5 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.

In the event that an appointment must be rescheduled, I agree to give at least 24 hour's notice by phone or e-mail. In the even that an appointment is not rescheduled within 48 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, Process Work session, 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 _____