

WEIGHT - Hypnosis

Strictly
Confidential

FULL NAME: _____

ADDRESS: _____

EMAIL: _____

CELL: _____ WK: _____ HM: _____

D.O.B: _____ AGE: _____ MARITAL STATUS: _____

OCCUPATION: _____

MEDICATIONS:

Do you have Epilepsy? Yes No

WEIGHT - Hypnosis

What do you want from this session?

What is your current weight? _____ lbs or _____ kg

What is the heaviest you have ever been (excluding pregnancies): _____ lbs or _____ kg

What is the lightest you have ever been (excluding pregnancies): _____ lbs or _____ kg

How much weight do you want to lose/gain? _____ lbs or _____ kg

What is the weight you want to be? _____ lbs or _____ kg

On a scale of 1 – 10 (1 being very low, 10 feeling fantastic), how is your energy levels on a typical day? _____

On a scale of 1 – 10, (1 being very low, 10 feeling fantastic), how would you rate your mood on a typical day? _____

Which of the 3 body types/shapes best describes you: ☐ Pencil ☐ Pear ☐ Apple

Have you been diagnosed with, or have you experienced ☐ anorexic ☐ bulimia ☐ neither

Have you been diagnosed with a thyroid condition? No / Yes: ☐ Hypo ☐ Hyper

Please list all medications you are currently taking:

Is your sleep restful? ☐ No ☐ Yes

Have you been diagnosed with: ☐ Sleep Apnea ☐ Restless Leg Syndrome ☐ Snoring

How often do you urinate during the night? 1 2 3 4 5 6 7 8 9 10+

Which activities are more comfortable for you to do:

☐ walking ☐ running ☐ aerobics ☐ biking ☐ other _____

How is your digestion? ☐ Good ☐ Okay ☐ Poor

Do you experience ☐ Heartburn ☐ Vomiting ☐ Regurgitation

Do you get cravings for certain food types? No/Yes – List those most common:

WEIGHT - Hypnosis

Do you have any food allergies? No, I can eat most things If Yes, please indicate:

- ☐ fish ☐ shell fish ☐ soy ☐ wheat/grains/with gluten ☐ eggs ☐ dairy
☐ tree nuts (walnuts, Brazil nuts, peanuts, pecans) ☐ other:

Do you have any dietary restrictions? No / If Yes, please indicate (i.e. Vegan, Vegetarian, Paleo, Ketogenic etc)

Does Diabetes run in the family? No / If Yes - myself / mother / father / brother /sister

Any family history of heart disease: No / If Yes - myself / mother / father / brother /sister

Any family history of any of the following (including yourself)?

- ☐ high cholesterol ☐ coronary episode ☐ heart attack prior to age 65 ☐ high blood pressure
☐ cardiac procedures such as angioplasty or coronary bypass surgery
☐ other

HYPNOTHERAPY COMMITMENT

21 DAY PROGRAM

Strictly Confidential

WEIGHT ISSUES

I, _____ agree to commit to **strictly adhere** to the protocol for the **21 Day Program**.

I agree to the following:

- **Listen to the recording** I am given after my session immediately **prior to sleeping**

I agree to commit and follow through with all the recordings, tools and techniques I learn from Lena Mascarin. I understand I must daily and consistently practice these new mental skills to re-wire my brain, similar to physical exercise.

I understand these techniques are simplistic, practical and incredibly powerful. However, these tools are only effective if I use them.

By following this protocol, I understand that I will be able to obtain the best transformational results possible towards gaining control of my life.

Print Name and Sign

Date

Lena Mascarin

Date

CONSENT & TERMS AND CONDITIONS - HYPNOSIS

I, _____
(Please print)

By completing this form, I give my full consent to receiving hypnosis sessions from Lena Mascarin B.A., RNCP, CBP, RTT Practitioner/Hypnotist.

I understand that hypnosis is not a replacement for medical treatment, psychological or psychiatric services or counseling.

No service or product provided is intended to diagnose or treat any disease or illness, psychological or mental health condition. Rather, hypnosis is intended to provide information, education, and motivation that will promote feeling better, healing faster, and generally being more effective. It is designed to give me insight and tools into my innate potential and guide me into being more effective in helping myself.

I am aware and understand that in some cases it may be necessary for Lena to respectfully touch my shoulder, hand, wrist, or forehead in order to assist me in relaxation. I give the practitioner permission and consent to do so in order to help me establish a beneficial state of hypnosis.

A note about confidentiality:

Any matters regarding your sessions will be kept confidential except in the following:

Where it is required by Canadian Law that Lena Mascarin must report to the appropriate authority (ie. Children's Aid), or if you are an imminent danger to self or others, and/or in other cases required by law.

Your signature below constitutes your consent to all of the above.

Signature

Date

POLICIES & AGREEMENT

I, _____ understand and agree that:

I am required to book my appointment in advance and arrive on time in order to minimize waiting time

If I am running more than 15 minutes late, I will contact the office and advise of my situation or lateness.

I am responsible for keeping my scheduled appointments and giving a minimum of 24 hour notice of a cancellation or a reschedule.

There is a charge of \$100 for a missed appointment, no-show or short-notice cancellation, which I will be required to settle before my next appointment.

All information that is presented in the hypnotherapy session is totally confidential and private.

I am to have my cell phone off while in session.

No recording devices are allowed while in session.

I am here of my own free will and have sought out treatment on my own behalf.

I understand that Lena Mascarin does not hypnotize anyone with Epilepsy.

When I arrive for my hypnosis session, I will be free from the influence of recreational drugs or alcohol.

I am open to the body's ability to heal itself.

Signature

Date

Lena Mascarin, B.A., RNCP, CBP, RTT Practitioner/Hypnotist

DISCLAIMER

Information, techniques and handouts taught in-person or online are not a replacement for any professional psycho-therapeutic, counseling or medical advice in the treatment of any mental or physical health issues or disorders.

Lena Mascarin's services:

- are **not a substitute for medical care or medical advice** and does not medically diagnosis or treat a diagnosis
- do **not replace any medical treatments** as ordered by any physicians nor any other medical care
- are **not intended to diagnose, treat or cure** any physical or medical conditions
- are not responsible for any health or allergy that may require medical supervision, and is not responsible for any negative consequences

Lena Mascarin makes no claims as to cure, heal or recover from any current illness, nor the prevention of any future illness.

If you have questions or concerns about your health - mental or physical, please contact your healthcare provider.

If you have a physical or medical condition or experience any pain, you should seek the advice of your medical professional immediately.

BodyTalk sessions balance and resynchronizes areas of the body.

Hypnosis allows your subconscious mind to rewire itself.

By providing your signature, you acknowledge that you have read, understand and agree with this disclaimer and release Lena Mascarin from any liability in your healthcare.

Print Name: _____

Signature: _____ Date: _____