



**Lynn C. Swearingen, CH, CI**

**Certifications:**

Consulting Hypnotist  
NeuroLinguistic Hypnotist  
HypnoCoach®  
Pain Management and more  
Phone: (415) 923-7611

Bay Area Hypnotherapy  
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San Francisco, CA 94102  
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Please complete, e-sign and submit this set of documents. Everything we need to begin is here. It is essential to return these documents before your first session. The answers to these questions will give me perspective to create dynamic, unique-to-you sessions.

I look forward to meeting you soon.

Thank you,  
Lynn

1. Client Profile / Intake Questionnaire
2. Client Bill Of Rights
3. Disclosure and Consent Form for Hypnosis/Hypnotherapy
4. Authorization to Record Hypnotherapy Sessions

## Client Profile / Intake Questionnaire

Please fill this form out completely. My understanding of who you are enables me to create sessions that speak to your unique needs.  
INFORMATION TREATED WITH STRICT CONFIDENTIALITY

Date \_\_\_\_\_

### Contact Information:

Name:

First

Middle

Last

Address: Street

City

State

Zip

Date of Birth:

Mobile Phone:

Home Phone:

Email:

Name of Spouse or Significant Other:

Emergency Contact Person:

Emergency Phone No.

Relationship:

### **Relationship Status**

Married? ☐ **Yes** ☐ **No?**

**If yes, include** Name of spouse)

**if** Children - enter names & ages of each child

Same Sex Union/Marriage: ☐ **Yes** ☐ **No**

If yes, include name of partner/spouse:

☐ Divorced ☐ Separated ☐ Widow/Widower ☐ Single ☐ Engaged

### **Employment Status:**

Are you currently employed? ☐ **Yes** ☐ **No** If unemployed, how long now?

If yes, where do you work (Company Name/City)

If yes, how long have you worked there?

Do you like what you do? ☐ **Yes** ☐ **No**

Occupation/Describe what you do

Military Experience:

Religious affiliation/practices:

### Regarding Hypnosis:

Have you (or a minor in your care) been hypnotized before? ☐ **Yes** ☐ **No** If yes, for what reason and how long ago?

Did you (or a minor in your care) achieve the results you were looking for? ☐ **Yes** ☐ **No** If yes, please explain.

What do you most want to accomplish today through hypnosis? What issues do you wish to resolve?

**Education:** High School ☐ **Yes** ☐ **No**      College ☐ **Yes** ☐ **No**  
# Years                                      Major

**How do you ESCAPE from the world? What hobbies or activities seem to take you away from all of your worries?**

### Health

Are you generally in good health? ☐ **Yes** ☐ **No**

Do you smoke? ☐ **Yes** ☐ **No** If yes, for how long?

Do you have a problem with substance abuse? ☐ **Yes** ☐ **No** If yes, what substance and for how long?

List prescription Meds you take:

Are any of the above mind-altering prescription drugs? ☐ **Yes** ☐ **No**

Were you referred by a doctor? ☐ **Yes** ☐ **No**

If “**YES**” I will email you separately the “**Physician Referral for Hypnosis**” form.

Have you been under treatment (either physical or psychological) in the past year? ☐ Yes ☐ No - (If Yes - please enter the nature of treatment.)

Have you ever attempted suicide? ☐ Yes ☐ No

Are you currently having suicidal thoughts? ☐ Yes ☐ No If yes, explain.

### Family History

Parents: Mother ☐ Living ☐ Deceased

Father ☐ Living ☐ Deceased

Siblings: (Ages and where you fit in.

Other family (Anyone you currently live with, whether or not related;

Relationship

Age

Relationship

Age

**IMPORTANT: Please provide a brief answer to the following questions. Your thoughtful response will help me to create a program of self-development, healing and positive, beneficial change based on your unique desires and situation.**

**WHAT IS YOUR PRIMARY GOAL?** You may have many concerns to address over multiple sessions. For now, simply highlight THE ONE THING you most want to achieve with hypnosis.

**NOTE:** If you are filling this out for a minor, please state YOUR goal for your child, as parent/guardian. What would you most want for this child? **For a minor, disregard the rest of this form and simply fill in the signature block on the last page.**

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*Neuroscience has proven that you have approximately 60,000 thoughts a day and each thought immediately produces an emotional response and a physical response, which directly influences a result or outcome in your life (positive or negative, depending upon the thought and the energy/attention you give to each thought).*

**When you find yourself in “a state of worry, doubt or fear” (with regard to your primary goal stated above) what are...**

**YOUR THOUGHTS:** What are you saying to yourself/about yourself throughout the day?  
(your internal dialogue)

**YOUR EMOTIONS:** While thinking those thoughts, what emotions are you feeling?

**YOUR PHYSICAL RESPONSES:** While thinking those thoughts and feeling those feelings, what do you feel in your body? Where do you feel physical sensations-what does it feel like?

**NOTE:** Answers to the questions below should be brief and to the point. There is no need to go into “story.”

Why is it important you resolve the issue which has caused you to seek hypnotherapy?

How might you be different as a person once you have made this change?

What would be the consequences of not resolving this issue?

Were you raised in a nurturing, supportive and loving environment? Or was it dysfunctional?

Have you ever suffered emotional or sexual abuse? If yes -Check 1 or all.

Emotional/Verbal Abuse ☐ Physical Abuse ☐ Sexual Abuse ☐

Only if you wish to, briefly describe in your own words:

Have you endured excessive, ongoing periods of harsh criticism or bullying?

Do you enjoy your current job/occupation?

Do you enjoy your current social life?

Do you have difficulty with focus/concentration/memory?

If you could do anything you wanted in life, what would you do?

Do you have irrational fears?

Do you have any compulsive behaviors of which you are aware?

Do you have trouble falling asleep or sleeping through the night? And how many hours do you typically sleep each night?

Do you currently follow any religious or spiritual practices?

**RELEASE:** The client, in signing this form, acknowledges understanding this questionnaire and that all information provided by the client is complete and accurate to the best of his or her knowledge. The client acknowledges that **hypnosis is not a substitute for other professional services including but not limited to medical, financial, legal, or psychological help.** The client also acknowledges an understanding that **hypnosis is a process whereby an individual uses their own natural abilities for their own benefit and self-improvement.** I request Lynn Swearingen provide hypnosis and/or self-help education services for the reasons or purposes stated in this form and for any future reasons or purposes I may request. **I understand that the success of hypnotherapy depends significantly on my own desire and motivation, as well as my ability to participate in the process of affecting change within myself.** Therefore, I understand that Lynn Swearingen cannot offer any guarantee of success because individual human behavior can never be guaranteed. That said, I am aware that Lynn Swearingen is highly trained and experienced and will do everything in her power to ensure my success.

Date:

Client Name (PRINT)\_

Client (SIGNATURE)

PROCEED TO THE CLIENT BILL OF RIGHTS DOCUMENT ON THE NEXT PAGE  
DATE AND SIGN

# CLIENT BILL OF RIGHTS

My name is Lynn Swearingen, Owner/Director of Bay Area Hypnotherapy and Certified Consulting Hypnotist.

## Education And Training

I am a Certified Member of the National Guild of Hypnotists (NGH) and participate in annual continuing education to maintain my training at a high level. The National Guild of Hypnotists is the oldest and largest hypnosis organization in the world and its certification is the most widely recognized credential for professional practice of the hypnotic arts. I also maintain memberships in other highly respected hypnosis organizations including the International Certification Board of Clinical Hypnotherapists ([ICBCH](#)) and the National Federation of Neuro Linguistic Programming (NPNLP)

I was trained in hypnosis by Debi Livingston. Debi is a Board Certified Hypnotist and Instructor with the National Guild of Hypnotists (NGH) and has been teaching for over 30 years. She is nationally known and highly regarded for her skills as an instructor and practitioner.

I am passionate about participation in advanced training at every opportunity. A few examples of these are Weight Management, Smoke Cessation, Sports Enhancement, HypnoBirthing®, as well as Certification as a Pain Management Practitioner, and HypnoCoach® and Neuro Linguistic Hypnosis .

**Notice:** AS THE STATE OF CALIFORNIA HAS NOT ADOPTED EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY. Hypnotism is a self-regulating profession and its practitioners are not licensed by most state governments. **I am not a physician, nor a licensed health care provider and may not provide a medical diagnosis nor recommend discontinuance of medically prescribed treatments.**

**Client Rights:** If a client desires a diagnosis or any other type of treatment from a different practitioner, the client may seek such services at any time. In the event my services are terminated by a client, the client has a right to coordinated transfer of services to another practitioner. A client has a right to refuse hypnosis services at any time. A client has a right to be free of physical, verbal or sexual abuse. A client has a right to know the expected duration of sessions, and may assert any right without retaliation.

**Redress:** As a certified member in good standing of the National Guild of Hypnotists, **I strictly adhere to, and practice in accordance with, its Code of Ethics and Standards.** If you have a complaint about either my services or any behavior that I cannot resolve with you personally, you may contact the National Guild of Hypnotists (NGH) at P.O. Box 308, Merrimack, NH, 03054-0308, PH: (603) 429-9438 to seek redress. Other services than my own may be available to you in the community. You may locate such providers online or go directly to Find a Hypnotist on the NGH website.

**Fees:** Charges for my services are clearly explained on the "FEES" page of my website. **Fees are to be paid at each session, unless a package has been paid in advance.** Sessions are typically 1-hour (or longer at my discretion). If you need to change or cancel an appointment, please let me know as soon as possible. **The standard session charge will apply for appointments cancelled less than 24-hours in advance,** unless the client calls with reasonable notice of illness, emergency or an unexpected work commitment.

**Confidentiality:** **I will not release any of your personal information** without a written authorization from you, except as provided for by law. You have the right to be allowed access to my written record about you.



**Insurance:** In general, insurance companies do not like to cover hypnosis services, and we caution you not to expect them to do so. If your plan does, in fact, cover hypnosis, I will provide an invoice to submit with your claim with a V-Code for hypnosis services (I do not process insurance claims).

I strongly suggest you think of my services as something that you will pay for personally. That will both protect your privacy and help you value the work you are doing even more.

**I have received, read and understood this Client Bill of Rights.**

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Client Signature

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Print Full Name

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Date

PROCEED TO THE DISCLOSURE AND CONSENT FORM FOR HYPNOSIS/HYPNOTHERAPY  
ON THE NEXT PAGE - DATE AND SIGN

## Disclosure and Consent Form for Hypnosis/Hypnotherapy

I, \_\_\_\_\_  
(Printed Name of client)

have been advised by **Lynn Swearingen, Consulting Hypnotherapist** at **Bay Area Hypnotherapy**, of the scope of hypnosis/hypnotherapy practice and I give my full consent to receiving hypnosis/hypnotherapy sessions by Lynn Swaeringen. I understand that results vary and that the above name practitioner may not guarantee results.

**Hypnosis/Hypnotherapy is not a replacement for medical treatment, psychological or psychiatric services or counseling.** I also understand that the Hypnotist/Hypnotherapist does not treat, prescribe for or diagnose any condition.

I understand that the practitioner is a facilitator of hypnosis or hypnotherapy and is not practicing any other profession that requires a license under the laws of the State of California.

I am aware and understand that in some cases it may be necessary for the practitioner to respectfully touch my shoulder(s), 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.

I have been advised that I am free to terminate any or all sessions at any time. I have agreed to participate in each session to the best of my ability.

I have accurately provided background information as requested by the hypnotist/hypnotherapist.

I understand that confidentiality regarding my sessions will be honored between my hypnotist and myself. This same confidentiality is respected when working with minors under the age of eighteen.

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*Signature of **Client***

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*Date*

Printed Name

PROCEED TO THE AUTHORIZATION TO RECORD HYPNOSIS SESSIONS  
DOCUMENT ON THE NEXT PAGE - DATE AND SIGN

## Authorization to Record Hypnotherapy Sessions

**I authorize Bay Area Hypnotherapy to record hypnosis sessions for the sole purpose of my personal progress and benefit.** I understand that repetitiously listening to recordings will enhance my results and provide ongoing support.

**I understand** that all recordings will be handled with strict confidentiality and will not be copied, reproduced, transcribed or distributed, nor made available in any way whatsoever to anyone other than the Hypnotherapist and client (except in the case of a legal subpoena).

**I understand** that, on occasion, a hypnosis session will be structured to use techniques and language for a particular goal **without** mentioning any names or personal and private information. This would simply be of “generic” benefit, revealing nothing whatsoever about the client. **ONLY** in this case, the recording may be **renamed** to be used as a gift or product for the benefit of others.

INTIMATE AND PERSONAL INFORMATION WILL ALWAYS BE HELD IN STRICTEST CONFIDENCE.

Signature of Client

Date

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Printed Name

Thank you for taking the time to complete these documents.  
I look forward to our time together.

Sincerely,  
Lynn Swearingen