



Please complete as much of this form as you can and are comfortable with doing. The more information that I have, the better able I am to help you to achieve **your** objectives. **Your welfare is my primary objective.** Of course, we will discuss in far greater depth when we talk in person. All information is secure, confidential and I will never share any contact or privileged client information, unless explicitly approved by you, except for that which is required by law.

Name: _____ Date of birth: _____ Age: _____

Address: _____

Telephone: _____ Email: _____

Have you ever been treated for an emotional problem? YES NO
If Yes, please explain:

How is your sleep?

Do you have an extreme fear of any of the following (please check all that apply):

Water	Open spaces	Rats	Success	Death
Heights	Snakes	Insects	Failure	Darkness
Small Space	Mice	Crowds	Needles	Blood
Germes	Knives	Firearms	Suffocation	Illness
Flying	Rejection	Being Alone	Driving a car	Cancer
Surgery		Public speaking		Loss of a loved one



Surgeries or illnesses over the past five years:

Medications:

Have you ever been diagnosed with *(please circle or check all that apply):*

Epilepsy	Post-traumatic stress	Substance use
Insomnia	Eating disorder	Psychosis
ADD	Anxiety disorder	Bipolar
ADHD	Personality disorder	Schizophrenia
OCD	Mood disorder	Clinical depression

How would you like your life to change? Let's get your imagination revved up! Describe your life as you would love to see it, consider the changes, consider the effect in others around you, be bold!



I realize that Angie Hitz is a certified Clinical Hypnotist. She is not a medical doctor, and she cannot diagnose disease, prescribe, or treat medical conditions or serious disorders.

I understand that the hypnosis coaching and training I am receiving from Angie Hitz is not a substitute for normal medical care and I have been advised to discuss this procedure with any doctor who is taking care of me now or in the future. Additionally, I should continue any present medical treatment and consult my regular physician for treatment of any new or old illnesses.

I am willing to be guided through various methods including relaxation, visual imagery, creative visualization, hypnosis, NLP, mind scaping, parts work (ego state), emotional freedom techniques (EFT) and stress reduction processes for the purposes of vocational or avocational self-improvement.

I also agree that Angie Hitz, or myself, may terminate this relationship at any time for any reason whatsoever.

I realize that although Angie Hitz has training and experience, the training and insight she provides are not a cure and I accept that I am attending meetings for her time, expertise, and insights irrespective of any particular result.

Angie Hitz will not share my information with anyone without my permission, except as provided for by law.

As a service, Angie Hitz may make audio recordings for my use. Since such recordings include instructions for relaxation, I agree not to play/listen to any hypnosis recordings in a moving vehicle, whether I am driving or not, or when I am providing direct supervision to a small child or an incapacitated adult. I agree that any recordings are for my personal use, and that if I allow others to listen to it/them that Angie Hitz with Levitate Wellness is not responsible for the outcomes or results for others.

I agree to notify Angie Hitz a minimum of 24 hours in advance of an appointment if I need to cancel or rearrange. Failing to do so may incur a cancelation fee of 50% of the session cost.

I agree to the payment of \$75 per session, payable on or before the day of service, which will be approximately 60 to 90 minutes in duration.

Signature: _____ Date: _____