

QHHT Client Information

Session Date _____

Name _____

Date of Birth ____/____/____ Sex (M) (F) Age: _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Email _____

Marital status: _____ # of children _____

Occupation: _____

How did you hear about Alba? _____

What is the main reason you are coming for a Hypnosis Session?

Has anyone ever attempted to hypnotize you? (Y) (N) _____

Do you have difficulty hearing? (Y) (N) *If so, you can be fitted with a headset.*

I voluntarily agree to sign this waiver and assumption of risks, because I fully understand that ALBA. A. WEINMAN, who is going to perform hypnosis therapy, is not doctor, nor has a degree in Psychiatry, and can neither diagnose nor treat any type of physical or mental disorder. I understand that this hypnosis session is exclusively for educational or emotional reasons.

Moreover, I understand that any suggestion that is made during this session is only a part of a personal and educational motivation program, and is only informative. It is not intended to be in any way used as medical or psychological advice, this can only be given by a medical professional or a mental health specialist.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Alba A. Weinman from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

Client's Signature _____ Date _____

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Responsibilities and Liability Release

1. **I am willing to be guided through relaxation, visual imagery, hypnosis, and/or stress reduction techniques.** I am aware these modalities are spiritual-based and non-medical in nature and it is my responsibility to consult my regular doctor about any changes in my condition or changes in my medication.
2. **I understand the above modalities are not substitutes for regular medical care** and I have been advised to consult my regular medical doctor or health-care practitioner for treatment of any old, new or existing medical conditions.
3. **I understand that being hypnotized is not being asleep.** During a deep hypnotic trance, you can open your eyes, speak, laugh, walk and you may be aware of everything that happens around you. You can even open your eyes and think it is not working and are not hypnotized. But when you allow those feelings or thoughts that come to your mind to flow freely as Alba A. Weinman speaks to you, you will relax and remember forgotten events in this life or past life.
4. **I understand that change is my own and complete responsibility.** I understand all healing is self-healing and that Alba Weinman is only a facilitator in the process of helping me to solve my own problem(s). It is my responsibility to be open and honest, provide accurate feedback and be forthcoming with details and information that may help me achieve my outcomes.
5. **I understand that our session will be digitally recorded** for my later use. I also understand that in these types of metaphysical sessions, the energy in the room can affect the equipment and recording resulting in static or blank recordings. *(This is quite rare, but it does happen.)*

Special Use of Information:

I understand that my name and personal information will be kept completely confidential.

I understand that often in Hypnosis sessions, universal information is provided through the client to benefit all of humanity. I agree to allow Alba A. Weinman to share this information and any accompanying story either on video or in written form in blogs or books as long as my name and all personal and relevant details are omitted or changed.

Client's Signature _____ Date _____