



Please fill out this form by hand, not typed, and email it back to me or bring it with you to your first session. If you do not have a scanner, you may take a picture of the filled-out form and send it to me.

Last Name

First Name

Middle Initial

Address

Work Phone

Home Phone

Date of Birth

Sex

☐

Male

☐

Female

Marital Status

Occupation

Email Address

Have you ever been treated for an emotional problem?

If Yes, please explain:

Have you ever been treated for, or do you suffer from:

☐

Diabetes

☐

Epilepsy

☐

Heart Disease

☐

Digestive Problems

☐

High Blood Pressure

☐

Depression

☐

Insomnia

☐

Memory Loss

If Yes, please explain:

What do you wish to accomplish in this / these session(s)?



Any previous efforts to make this change?

☐

Yes

☐

No

If Yes, What were the results?

Do you have any fears or phobias?

Handedness

☐

Right

☐

Left

☐

Ambidextrous

I realize that, Jonathan Pine is a hypnotist and unconscious coach, not a medical doctor or psychologist, and that he cannot diagnose disease, prescribe, or treat medical conditions or serious disorders. I understand that the coaching and training I am receiving from Jonathan Pine 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, Neurolinguistic Programming (NLP), Emotional Freedom Techniques (EFT), Graphoanalysis and stress reduction processes for the purposes of vocational or avocational self-improvement. I also agree that Jonathan Pine or myself may terminate this relationship at any time for any reason whatever.

I realize that although Jonathan Pine has considerable training and many decades of experience, the training and insights he provides are not a cure, and I accept that I am paying for his time, expertise, and insights, irrespective of any particular result.

I further agree to the agreed upon amount for each session, each which will be approximately 50 to 75 minutes in duration, and I agree to pay in advance or at the beginning of the session(s).

Signature:

Date:

Name I like to be called:

