

NEW DAWN CLINICAL HYPNOTHERAPY & EMOTION MANAGEMENT

2832 W. 4700 S. Suite A, Taylorsville, Utah 84129

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Website: NewDawnHypnotherapy.com

APPLICATION FOR SERVICES

CLIENT - PERSONAL INFORMATION					
First Name	M.I.	Last Name			Today's Date
Street Address					
City		State		Zip	
				Birth date	
Home phone (ok to leave msg? Y - N)	Cell phone (ok to leave msg? Y - N)	Age	E-mail		Sex: M F

Spouse/Parent Information if under 18					
First name		M.I.		Last name	
					Marriage date
Street Address			City		State
					Zip
					Home phone
Work phone	Birth date	Relationship to you			

PROVIDE INFORMATION HERE YOU WISH TO VOLUNTEER TO ASSIST US IN UNDERSTANDING YOU, AND WHAT YOU HOPE TO ACCOMPLISH BY UTILIZING BEHAVIORAL MODIFICATION CLINICAL HYPNOTHERAPY AND MIND MANAGEMENT

HOW DID YOU LEARN OF OUR SERVICES? NEWSPAPER _____ INTERNET WEBSITE _____ RADIO _____

REFERRAL FROM: CHURCH LEADER _____ DOCTOR _____ PHYCOLOGIST _____ OTHER _____

WE GIVE INCENTIVES TO REFERRING INDIVIDUALS. PERSON WHO REFERRED YOU _____

Signature	Signature of Parent or Guardian
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Laura L. Dong CCHT - STATEMENTS OF DISCLOSURE AND UNDERSTANDING

Laura is a Certified Clinical Hypnotherapist registered with the American Council of Hypnotist Examiners, (CHT 120-122). She is a noted motivational/inspirational Public Speaker, and Hypnotherapist. She does various Seminars and Workshop Trainings on a variety of subjects, *focusing on thoughts and words and the impact they have on our lives, bodies, and careers. She teaches and demonstrates how we can control our thoughts through Positive Mind Management.*

She assists people to discover, recognize, and overcome self-limiting beliefs and self-defeating behaviors, eliminate inappropriate habits, and conquer maladaptive behaviors, and teaches clients personal problem solving skills through self-hypnosis trance access to the subconscious, creating conscious and subconscious predominant thought alignment overcoming, "Double Mindedness", which is keeping them from personal achievement. Her approach to life is that we all have unlimited potential to grow and develop our abilities and learning skills. She teaches people how to be free of fear, anger, guilt, and other negative emotions.

Laura utilizes what she teaches in all areas of her trainings and instruction in daily real world applications. Her seminars and workshops are enhanced by her experience of working with people in their personal lives. Assisting people to achieve their goals and being part of the success of others is a key motivator for her.

Confidentiality:

Confidentiality will be strictly maintained except for the following circumstances: (1) With your permission and a signed Release of Information to a particular person or agency. (2) By law, any report of physical, sexual abuse, or neglect of a minor, or abuse of spouse or an elderly person. (3) If I have reason to assume that you may harm yourself or another person. I use a cell phone so that I am accessible, which cannot be considered 100% secure. Initials_____

Payment for Services:

Payments are to be made immediately following each session. Insurance carriers in the State of Utah do not as a practice cover these therapy sessions. I understand I am personally responsible for payments. Initials_____ To get the most from each session, it is recommended you arrive 10 minutes early to complete a preparation forms. Fees for the various sessions are available from the office or at: <http://newdawnhypnotherapy.com>

Cancellation of appointments:

On occasion, a situation may arise which prevents you from keeping your scheduled appointment. Please notify me 24 hours in advance of your appointment if you cannot keep it. Except in emergency situations, you will be expected to pay for any sessions that you miss without this advanced notice. If you cannot provide 24 hours advance notice, you have purchased the time as it was reserved for you, and will be billed accordingly. Initials_____

- I have received a copy of the statement of disclosure. I have read and understand the information..
- I have been informed of the terms of confidentiality and agree to them as stated above.
- I agree to pay for each session at time of service.
- I have read the above information, and understand that I am encouraged to ask questions, and give input regarding the hypnotherapy process at any time. If there is anything in this form that I do not understand, it is my responsibility to seek clarification. Initials_____

We reserve the right to refuse hypnosis and hypnotherapy services to anyone. **We do not work with drug addictions, alcoholism, and diagnosed mental illness disorders.** Initials _____

I understand that if I am currently working with a medical or mental health care provider and have been diagnosed with a medical or mental health disorder, and I am taking prescription drugs for the disorder, and should I want to work on a behavioral modification issue with hypnotherapy, **I am responsible to inform my mental health care provider, and the doctor who may be prescribing any medications, and explain to them what I am considering doing with hypnotherapy for behavioral modification.** . Initials _____

We prefer that you bring us a prescription from your mental health care provider and the doctor who is prescribing your medicine prescriptions to have us work with you for behavioral modifications with hypnotherapy, so they are always informed of what you are doing. If they have any questions, please direct them to the website: www.newdawnhypnotherapy.com or have them contact Laura to answer questions or address concerns: PHONE: (801) 518-0244. These procedures are standard operating practice and are accomplished on a routine basis. Initials _____

I have _____ or have not _____ attended an individual or group hypnotherapy session and or workshop trainings with Laura Dong before. (Please put an x in the appropriate box.) Initials _____

I have registered to attend hypnosis, self-hypnosis, and hypnotherapy individual or group sessions of hypnotherapy and trainings with Laura Dong. **I STATE AND UNDERSTAND THAT I HAVE BEEN DULY ADVISED AND INFORMED THAT HYPNOTHERAPY SESSIONS DONE IN INDIVIDUALLY AND/OR GROUP SETTINGS, COULD BE A VERY INTENSE PERSONAL EXPERIENCE, AND I UNDERSTAND AND WARRANT THAT I AM PHYSICALLY, MENTALLY, AND EMOTIONALLY CAPABLE TO ATTEND THE HYPNOTHERAPY SESSIONS AND/OR SELF-HYPNOSIS TRAINING WORKSHOPS.** Initials _____

We may deem that the group hypnotherapy seminars/workshops are not the appropriate setting for you, and ask you to do individual hypnotherapy sessions. Or should we feel that what you as the client needs and requires in services is beyond our scope of service and practice, refer you to seek other assistance. Initials _____

We reserve the right to have anyone leave the group hypnotherapy settings, at our discretion for any reason. Especially should you be disruptive, non-supportive of others in the group, or in any way viewed as being detrimental to the success of the group, or the creation of a positive, environment, attitude, and healthy healing atmosphere. Initials _____

If for any reason you are asked to leave the group and you have prepaid the sessions, we will refund the portion of the first group of session participation that is not yet accomplished. THERE IS NO REFUND FOR SECOND GROUP PARTICIPATION, AS IT IS BEING OFFERED AS ADDITIONAL ASSISTANCE - FREE. Initials _____

Client Signature: _____

Print Name: _____

Parent or Guardian Signature: _____

Provider Signature: _____

Date		
Date		
Date		
Date		