

# RTT Intake Form

## PERSONAL DETAILS:

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Marital/Relationship Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency contact name and telephone number: \_\_\_\_\_

## HEALTH:

Doctor's name and address: \_\_\_\_\_

Date of last check up: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

## HEALTH PROBLEMS (past & current):

\_\_\_\_\_

\_\_\_\_\_

## FROM THE LIST BELOW CIRCLE/TICK YOUR AREAS OF CONCERN:

Addictions Drinking Smoking Drugs Gambling Compulsive Behaviour	Anxiety Stress Fears Phobias Panic Attacks Guilt Relaxation	Eating Problems Food /Diet Weight Problems Anorexia Bulimia Exercise	Depression Confidence Self Esteem Motivation Achieving Goals Procrastination
Career Issues Interview Skills Nerves Public Speaking Concentration Exams Memory Driving Skills	Sexual Problems Fertility IVF Conception Pregnancy Birth	Pain Control Hearing Sight/Vision Mobility Skin Problems Hair Growth	Relationships Childhood Problems Sleep Problems



## RTT Waiver

### Liability

I, (The Client), hereby release Jennifer Wheeler (The hypnotist) from any liability or claims that could be made against her concerning my mental and/or physical well-being during the work that has been outlined and agreed upon (now and in the future) by filling out this form.

### Scope of Practice

I understand that Jennifer Wheeler is not an MD or psychologist and that hypnosis should not be considered a replacement for the advice and/or services, of a psychiatrist, psychologist, psychotherapist, or medical doctor.

### Participation

I give Jennifer Wheeler full permission to hypnotize me and to use Rapid Transformational Therapy (RTT) knowing that by participating fully in the process and by listening to my personalized recording for 21 days I play an important role in my overall success.

### Cancellation/ Refund Policy

I understand that all cancellations must be done within a 24 hour time period within the date and time of the scheduled session. There are no refunds after the session is given.

### Payment

All payments will be made online through either Venmo or Paypal links that are available on the website at the top of the page. Payments must be received in full 48 hours prior to the session itself. A receipt will be emailed upon receiving the payment prior to the appointment.

### Guarantee

I understand that although Rapid Transformational Therapy has an incredibly high success rate, Jennifer Wheeler cannot and does not guarantee results since my own personal success depends on many factors that Jennifer Wheeler has no control over, including my willingness and desire to affect the changes inside of myself.

### Audio Recording(s)

I give Jennifer Wheeler permission to make audio recordings that may include my voice. I understand that if a recording (or recordings) are made during or after my session(s) Jennifer Wheeler retains full copyright over any forms of media that may be produced and distributed to me.

### Deepening Process

I hereby grant permission to Jennifer Wheeler to respectfully lift my arm, touch my shoulder, forehead, or rock my head during my Rapid Transformational session(s) in order to help facilitate the deepening process.

### Confidentiality

By signing this form, I consent that Jennifer Wheeler may release information to a specific individual or agency if it has been determined that a child or elder is at risk of or is currently being abused; if I, as a client, am in imminent danger to myself or others; or if a subpoena of records has been requested. I also understand that, at any time, Jennifer Wheeler may discuss aspects of my case with other colleagues keeping my full name and identity completely confidential always unless I have given permission otherwise.

**I understand** that if I am epileptic or suffer from a psychotic illness it is not generally recommended that I undergo hypnotherapy. I hereby agree that by booking and paying for Jennifer Wheeler's services that I do not currently suffer from these disorders.

**By signing this waiver, you are in agreement with the above statements.**

**Signature**

**Date**

*\*By typing your name in the box above you acknowledge it as your signature*

**\*\*Once filled out, please download and email form to: [jlhypnotherapy.rtt@gmail.com](mailto:jlhypnotherapy.rtt@gmail.com)**