

The Exquisite Art of Healing
APPLICATION, PERSONAL DATA RECORD

To: Sheri Arechiga
Hypnotherapist Name

Name: _____ Sex: F M Date of Birth: _____

Street: _____ City: _____ Zip Code: _____

Home: _____ Work: _____ Cell: _____ Email _____

Occupation: _____ Marital Status: _____

Spouse's Name: _____ Spouse's Occupation: _____

Name and Phone Number of Close Friend or Relative to Contact in an Emergency:

Name	Relationship to you	Phone
------	---------------------	-------

How did you hear about my services?

Would you like to be added to the mailing list for special information and promotions? Yes _____ No _____

Have you ever been hypnotized before? Yes _____ No _____

If yes, by whom? _____

Please list what you wish to accomplish through the use of my services.

The Exquisite Art of Healing
LIFE HISTORY QUESTIONNAIRE

The purpose of this questionnaire is to obtain a comprehensive picture of your background. By completing these questions, as fully and as accurately as you can, you will provide your therapist with important information, without using your actual therapy time. Please answer these questions on your own time. The information in this questionnaire will be kept by your therapist and will not be disclosed to anyone without your written permission. Case records are strictly confidential. If you do not wish to answer a question, simply write, Do not care to answer.

THERAPIST'S NAME: Sheri Arechiga

CLIENT'S NAME:

AGE:

OCCUPATION:

By whom were you referred?

Who presently lives with you?

Marital Status: (circle one) Single Engaged Married Separated Divorced Widowed

If married, how many times?

Do you live in a house, hotel, room, apartment, etc.?

CLINICAL:

1. State in your own words the nature of your main problems and their duration:
2. Give a brief account of the history and development of your complaints (from onset to present):
3. On the scale below please estimate the severity of your problems:

Mildly Upsetting Moderately Severe Very Severe Extremely Severe Totally Incapacitating

4. With whom have you previously consulted about your present problem(s)?

The Exquisite Art of Healing

OCCUPATIONAL:

1. What sort of work are you doing now?
2. What sort of work have you done in the past?
3. Does your present work satisfy you? (If not, in what ways are you dissatisfied?)
4. Ambitions:
Past:
Present:

SEXUAL HISTORY:

1. Parental attitudes to sex (i.e., was there sex instruction or discussion in the home)?
2. When and how old were you when you derived your first knowledge of sex?
3. When did you first become aware of your own sexual impulses?
4. Have you ever experienced any anxiety or guilt feelings arising out of sex or masturbation? If "yes," please explain.
5. Underline any of the following words which apply to you:
worthless, useless and "nobody," "life is empty," inadequate, stupid, incompetent, negative, "can't do anything right," guilty, evil, morally wrong, horrible thoughts, hostile, full of hate, anxious, agitated, cowardly, unassertive, panicky, aggressive, ugly, deformed, unattractive, depressed, unloved, misunderstood, bored, restless, confused, unconfident, in conflict, full of regrets, worthwhile, sympathetic, intelligent, attractive, confident, considerate, assertive

The Exquisite Art of Healing

OTHER AREAS:

1. Present interest, hobbies and activities:

2. How is most of your free time occupied?

3. What is the last grade of school you completed?

4. Scholastic abilities; strengths and weaknesses:

5. Were you ever bullied, severely bullied or severely teased?

6. Do you make friends easily? If so, do you keep them?

7. List five main fears:
 - 1
 - 2
 - 3
 - 4
 - 5

8. Underline any of the following that apply to you:
headaches, financial problems, fainting, palpitations, dizziness, no appetite, bowel disturbances, stomach trouble, insomnia, nightmares, fatigue, alcoholism, feel tense, take sedatives, tremors, unable to relax, suicidal ideas, shy with people, depressed, feel panicky, take drugs, don't like weekends, sexual problems, can't make decisions, don't like vacations, can't make friends, over rambunctious, can't keep a job, disoriented, unable to have a good time, concentration difficulties, memory problems

The Exquisite Art of Healing

FAMILY DATA:

1. In what areas of the family is there compatibility?
2. In what areas is there incompatibility?
3. How do you get along with your in-laws? (this includes brothers/sisters in-law)
4. How many children do you have? Please list their sex and age.
5. Do any of your children present special problems?
6. Give details of any previous marriage(s).

7. Father:

Living or deceased?

If deceased, your age at the time of his death? Cause of death?

If alive, father's present age?

Occupation?

Health?

8. As a child in what ways were you punished by your parents?
9. Give an impression of your home atmosphere (i.e., the home in which you grew up). Mention state of compatibility between parents and between parents and children.
10. Were you able to confide in your parents?

The Exquisite Art of Healing

11. If you have a stepparent, what was your age when your parent remarried?

12. Give a description of your religious training.

13. If you were not brought up by your parents, who brought you up, and between what years?

14. Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc.?

15. Who are the most important people in your life?

SELF-DESCRIPTION:

Please complete the following:

I am

I am

I am

I am

I feel

I feel

I feel

The Exquisite Art of Healing

I feel

I think

I think

I think

I think

I wish

I wish

I wish

I wish

I would like to :

Example: Say Either “No” “Some” or “A Lot”

Get advice on how to deal with my life and with other people

Have my therapist respond to me on a person-to-person basis

Get better self-control.

Get clarity regarding which things I think and feel are real and which things are mostly in my mind.

Work out a particular problem that's been bothering me.

Get my therapist to say what he/she really thinks.

The Exquisite Art of Healing

ACKNOWLEDGEMENT OF SERVICES
AND FEES
SUBJECT: SELF-IMPROVEMENT PROGRAM

I, the undersigned, acknowledge that I understand and agree to the following:

A 20 min phone consultation is required as a part of the first session. This can be done on or before your first appointment. Please call Be the Change Yoga Studio to schedule (714) 417-9834

New Client Form to be filled out and returned on or before the first appointment to **theexquisiteartofhealing@rocketmail.com** or directly to **Sheri Arechiga C.ht** in person

(Please do not turn the forms into the front desk to protect your privacy and confidentiality)

****If you are on any medications or are seeing a therapist, a medical referral is needed before your first appointment – Please have your Doctor or Psychologist sign and return the form along with the new client forms on or before your first appointment.**

If you or your Doctor have any questions for me please contact

Sheri Arechiga C.ht (949) 491-0888 or theexquisiteartofhealing@rocketmail.com

I agree to give you 48 hours notice for all cancellations or changes of scheduled appointments. I understand, that missing a scheduled appointment without prior cancellation, or canceling with less than 48 hours notice, may be charged to me at the current full rate.

I understand that the program of conditioning offered by you will include an undetermined number of private sessions, depending on my individual needs. I understand and agree that the major purpose of this program is for Vocational or Avocational Self-improvement and those problems of psychogenic or functional origin are treated by psychological or medical referrals only (Business and Professions Code 2908). I also understand that there are no guarantees as to the results or progress to be made, only that you will, to the best of your ability, endeavor to accomplish the objective of my sessions.

Additional Conditions:

Client

Date

Hypnotherapist

Date

The Exquisite Art of Healing
The Exquisite Art of Healing (949) 491-0888
DISCLOSURE OF SERVICES

In recognition that millions of Californians receive a substantial volume of healthcare services from complementary and alternative health care practitioners, California Law allows access by California residents to complementary and alternative healthcare practitioners who are not providing services that require medical training and credentials. The following disclosure is provided in compliance with Section 2053.6 of the California Business and Professions Code.

The purpose of a program of hypnotherapy is for vocational and avocational self-improvement (Business and Professions Code 2908) and as alternative or complementary treatment to healing arts services licensed by the state. A hypnotherapist is not a licensed physician or psychologist and hypnotherapy services are not licensed by the State of California. Services are non-diagnostic and do not include the practice of medicine, neither should they be considered as a substitute for licensed medical or psychological services or procedures. .

Hypnosis works with the power of the subconscious mind to change habits and behaviors. The subconscious mind is considered to be the source or root of many of our behaviors, emotions, attitudes and motivations. Hypnosis is believed to be a powerful tool for accessing the subconscious mind and creating improvements in our lives.

Services consist of a program of conditioning, including an undetermined number of private sessions, depending on the client's individual needs. The hypnotist will to the best of his or her ability endeavor to accomplish the objectives of the client's sessions. While hypnosis may be an effective technique for many purposes, the effectiveness may vary from individual to individual, and no specific results or progress can be promised or guaranteed.

During hypnotherapy sessions, clients remain completely aware of everything that is going on. In fact, many people experience a hyper-awareness where sensations are perceived enriched and vivid. The ability to visualize or imagine is enhanced. Deep relaxation is common. Many describe the hypnotic state as a complete and total escape from physical tension and emotional stress, while remaining completely alert.

The use of hypnosis could elicit memories of past events which may or may not be literally true. It is possible that events under hypnosis will be distorted or misconstrued. Memories or images evoked under hypnosis are not necessarily accurate and may be a construction or a composite of memories. Without corroborating information, it is not possible to determine whether a specific memory is true or false, even if it seems true to the client.

While it is the practice of Hypnotherapists to keep information confidential, information revealed in hypnotherapy is not subject to the psychotherapist-patient privilege. A court may order disclosure of information learned in therapy.

I have received a copy of this disclosure and understand the information described above. I have also read on the other side of this document a biography of the Hypnotherapists education, training, experience and other qualifications regarding the services to be provided.

Client Name (please print): _____

Client Signature: _____

Date: _____

The Exquisite Art of Healing

BIOGRAPHY SHERI ARECHIGA HYPNOTHERAPIST


Education

Bachelors of Arts in Business Management

Diploma in Hypnotherapy

Hypnosis Motivation Institute - Nationally Accredited College of Hypnotherapy

P:818-758-2747 Date Started: 12/27/2010 - Date Graduated: 2/21/2012

Yoga Instructor RYT 200 - Registered with Yoga Alliance  Integrity, Diversity, Community.

Continuing Education

Weight Loss - American Hypnosis Association

Super E & P - American Hypnosis Association

Past Life Regression - American Hypnosis Association

Handwriting Analysis - American Hypnosis Association

Usui Reiki I & II - International Center of Reiki

Certifications

Certified Hypnotherapist

Hypnotherapist Union Local 472 - 818-659-8687

Certification Number: 25743223

Certified Weight Loss Specialist

American Hypnosis Association - 818-758-2730

Certified Past Life Regression Specialist

American Hypnosis Association - 818-758-2730

Professional Memberships

Hypnotherapist Union Local 472

American Hypnosis Association

