

Client Information

Name _____ Date of birth _____

Address _____

Work phone _____ Home phone _____

Cell phone _____ Email _____

What Hypnosis or NLP work have you experienced?

Are you now, or have you been recently under the care of a psychotherapist, physician, or counselor?

Name of doctor or therapist _____

Disclosure

I, Mariya Shall, am a Certified Medical and Clinical Hypnoterapist, also trained in NLP with the Chris Howard Leadership and Coaching Academy. I am not a California licensed mental health practitioner or physician and I do not provide psychotherapy or any other form of mental health service which would require a California state license, nor do I hold myself out to provide such services. I do not provide diagnosis or treatment of physical or mental conditions.

The types of work I do are considered a complimentary healing arts service that is not licensed by the state. For individuals or small groups I provide individualized training and coaching designed to help people learn how to attain personal growth and change, how to commit to and achieve their performance goals, and remove any barriers they have to success.

I have hundreds of hours of hypnosis and NLP training, and thousands of hours of experience working with clients.

Cancellation policy

You may cancel or change your appointment free until 10 p.m. the night before your session. Email cancellations must be confirmed by 10 p.m. to count. If you cancel after 10 p.m., you will be charged your full session fee. As a courtesy, please give as much advance notice as possible.

Payment policy

Fees are due at the time the service is provided. Payment in advance may also be made for multiple sessions. Payment plans are available—please ask in advance.

Client acknowledgement

I have read the above disclosure, cancellation policy, and payment policy. I understand that Mariya Shall consultations are intended to be educational and performance-enhancing training in nature, and are not intended as substitutes for medical services, psychotherapy, or counseling.

I agree to give sufficient notice of a cancellation, as specified above, or pay my full fee for that missed appointment. I agree to pay my fees on the day of each session or in advance.

My signature verifies that I have read and understand the above disclosure and policies, and I agree to their terms and commitments, and take 100% responsibility for such.

Signature _____ Date _____

Thank you. Mariya Shall

Please print this Client Release Form twice, making a copy for your records and a copy to be mailed with your check, money order or credit card information to:
Mariya Shall, 345 Sheridan Ave. # 412 Palo Alto, California, 94306

Date _____

Current issues

1. Please briefly describe what does not work for you in your life.

A. _____

B. _____

C. _____

2. Please briefly describe in what ways you have tried to solve this issue(s).

A. _____

B. _____

C. _____

Date _____

What you want

Please list your desired outcome(s) regarding your current issue(s).

A. _____

B. _____

C. _____

Date _____

Drug history

Please answer the following questions as best you can:

1. Please list any prescription drugs you use now.

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

2. Please list any prescription drugs have used long-term in the past.

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

Date _____

Medical history

Please list all current diagnosed medical conditions including psychiatric diagnoses.

A. _____

B. _____

C. _____

Fill out this form and bring it to your first session

For phone sessions, fax it to (650) 380-1411, preferably 24 hours or more before your appointment.

Our Duty to Protect Your Privacy

We are required to comply with the federal health information privacy regulations by maintaining the privacy of your information.