

Hypnosis Consent Form

I have been advised by my hypnotist _____ of the scope of hypnosis/hypnotherapy practice and I give my full consent to receiving hypnosis/hypnotherapy. I understand that outcomes vary and results cannot be guaranteed.

Hypnosis/hypnotherapy is not a replacement for medical treatment, psychological or psychiatric services or for counselling. I also understand that the hypnotist does not treat, prescribe for or diagnose any condition.

I understand that the hypnosis sessions are confidential.

I confirm that I have not been diagnosed with any medical condition e.g., psychosis, personality disorder, a heart condition or epilepsy, that would contra-indicate hypnosis.

Signed: _____

Date: _____

Print Name: _____