

**Easily Stop Smoking Now  
Client Intake Form/Disclaimer**

**DISCLAIMER FOR HYPNOSIS AND OTHER SUPPORTIVE TECHNIQUES (EMOTIONAL FREEDOM TECHNIQUES, NEURO-LINGUISTIC PROGRAMMING –NLP)**

The following statements constitute a legal agreement between us. Please read carefully.

1. I am aware that Charles Crenshaw (Easily Stop Smoking Now and Tools for Joyful Living) is not a physician or licensed psychologist. He is a Consulting Hypnotist, spiritual counselor/personal coach with the goal of helping people remove blocks to reaching their fullest potential in all walks of life.
2. I understand that this program does not include training or treatment in psychology, psychotherapy, or medical procedures.
3. I understand that Charles Crenshaw cannot and will not take responsibility for what I do with these techniques. Accordingly...

\_\_\_\_\_ I agree that I am taking complete responsibility for my emotional and physical well-being.

\_\_\_\_\_ I agree to hold Charles free from any claims made by myself or anyone whom I seek to help with these methods.

\_\_\_\_\_ I understand that you recommend that I use these techniques under the supervision of a qualified therapist or physician, when indicated. I have no intention of substituting the techniques for proper medical care or to use them to try to solve a problem when common sense would indicate it is not appropriate.

4. I understand that while these techniques have often yielded impressive results, there are no guarantees that I will achieve my goals.
5. I understand that there will be no refunds once the session has begun.

ENTERING MY NAME AND DATE BELOW INDICATES MY FULL AND UNCONDITIONAL AGREEMENT WITH THE ABOVE TERMS. I AM RETURNING THIS TO YOU VIA EMAIL AS CONFIRMATION OF THE SAME.

Print Full legal name: \_\_\_\_\_

Signature and date

\_\_\_\_\_ Date: \_\_\_\_\_

Please go to next page.

## **INTAKE FORM**

Date:

Name:

Address:

Phone: Home:

Work:

Cell:

Email:

Date of Birth:

Marital Status:

Occupation:

How did you hear about us?

Are you currently under the care of a physician or psychologist? If so, who and for how long?

What conditions are you presently being treated for?

Are you currently taking any medications and/or supplements?

Are you now or have you ever been suicidal?

Do you or does anyone in your family have a history of substance abuse? If so, please specify.

What is missing in your life that you think would make it ideal for you?

What would you like to work on in our session(s)?

Please list significant and traumatizing experiences, including your age at the time of the event, if possible. This should be stress free, so only list what you are comfortable putting down.