**Today’s Date**

**Client Information**

Full name       Birth Date       Phone no.

Email       Address

Occupation       Employer

Emergency contact       Phone no.

**Your Experience With Mental Coaching**

Have you had prior experience with:

Hypnosis Y/N     Meditation Y/N     Guided Imagery Y/N     NLP Y/N

**Your Visit With Us**
How did you hear about us?

What is the reason for your visit?

What do you expect to accomplish during your visit?       Do you believe you are able to do this?

What are the circumstances that happen to cause your unwanted behavior or feelings?

For what length of time has this issue been going on?

Describe how you currently feel related to your situation

Describe how you want to feel

What are your top 3 motivators for making a change?

How will you know when you have succeeded?

Describe anything you have you done in the past to resolve this

In what ways have any previous efforts helped?

On a scale of 0-10 (10 = highest impact), how much does this issue impact your life?

How often does this issue occur?
Very frequently [ ]  Frequently [ ]  Somewhat frequently [ ]  Occasionally [ ]  Infrequently [ ]

**For Athletes**Fill in this section if you are an athlete seeking help with your sport. Otherwise you may skip this section.
Your sport       Your position (if applicable)       Age when you started       Your level/division

Your long term goal for this sport

Does the above described issue impact you:
In practice Y/N     In competition Y/N     In season Y/N     Out of season Y/N

On a scale of 0-10 (10 = highest impact), how much does this issue impact your sport?

Have you had an injury prior to this issue Y/N     If yes, explain:

Is your coach or trainer aware of this issue Y/N     Do we have permission to contact him/her to discuss this issue? Y/N

If yes, please provide his/her:
Name       Phone no.       Email address

**Medical History**

Name of Doctor       Phone       Date of last checkup

Have you been under regular Medical or Psychological treatment in the past year? Y/N

Have you ever been treated for an emotional/behavioral problem? Y/N

-

Have you had or do you now suffer from any prolonged illness? Y/N

List any medications you are currently taking

Are you in good health? Y/N     Are you in physical discomfort? Y/N

How often do you consume:

Alcohol       Tobacco       Caffeine       Vitamins       Special Diet

Check any of the following that you suffer from:

 Ulcers [ ]  Asthma [ ]  Stress [ ]  Epilepsy [ ]

 Anxiety [ ]  Headaches/migraines [ ]  Seizures [ ]  TMJ [ ]

Depression [ ]  OCD [ ]  ADD [ ]  Fatigue [ ]

 Other [ ]

**Agreement**

I, the undersigned, have read and understand all questions on this form and verify that all information is complete and accurate to the best of my knowledge. I also understand that the performance coaching methods used by the practitioner are not a substitute for medical or psychiatric treatment. I understand these methods to be a conditioning process, whereby an individual is taught to use their own abilities for their benefit and well – being. With this understanding, I hereby grant the practitioner permission to use hypnosis and other mental conditioning techniques on me or the minor child whose name appears at the top of this form.

I know my progress is dependent upon my efforts and that there are no guarantees as to the result or progress to be made. I understand that the success of the services will be in direct proportion to my commitment to the end result.

Elite Sports Hypnosis is a brand under Mindset Mental Coaching. I understand that Lynne A. Couchara of Mindset Mental Coaching is not a physician or a licensed health care provider, and takes no responsibility for the consequences of any actions the client decides to take based on any comments or opinions that Ms. Couchara may express in the course of the client’s visit.

I authorize Mindset Mental Coaching to record sessions for professional purposes in accordance with the ethics and guidelines established by the NGH, and to include me in their mailing list to receive articles, specials, and event information. I may opt out anytime.

Confidentiality: Lynne A. Couchara will not release any information to anyone without a written authorization from you, except as provided for by law.

The terms of this agreement have no expiration date.

**Our Payment Policy

Payments are due in full prior to each visit.**

**I agree to give 24-hour notice if I need to cancel my session, and understand that missed appointments or cancellations within less than 24 hours’ notice will be charge the full amount of the session.**

**I understand that all sessions are non-refundable.**

**I (we) agree to pay for services rendered to the above named client as the charge is incurred.**

Client’s signature f Date

Guardian’s signature       Date

(if client is a minor)