



**Validity Clinic**

**Lose Weight by Weight Lost Hypnosis**

Unit21 /7 The Esplanade, Mt Pleasant WA 6153. Po Box 914 Canning Bridge WA 6153

**95 Woodbridge Drive, Cooloongup**

**Tel: 08 9316 3147**

**M: 043 3167704**

**Confidential Client Intake Questionnaire:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Email Address:  
\_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Have you been hypnotized in the past?  
\_\_\_\_\_

-

1. What methods of weight loss have you used in the past?
  
2. Why did you regain the weight?
  
3. What are the three main reasons for your wanting to lose weight?
  
4. What is the one main reason that you are currently overweight?
  
5. List three fears you may have of continued weight gain.
  
6. What fear might you have of losing weight?
  
7. What types of foods do you normally have the most trouble with?
  
8. What triggers excessive eating/or the eating of 'wrong' foods?

9. How does being overweight affect your life? i.e. How does being overweight impact the way you think, feel and behave with your loved ones, at work/school, with friends and with others?

10. What will you gain from being your ideal weight? How will your life look when you are your ideal weight?

11. What parts of your life are not contributing to your weight loss goals?

**Exercise**

1. How often do you exercise?
  
2. What types of exercise do you do?

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

**Vitality Clinic**  
*21/7 The Esplanade, Mt Pleasant*  
*95 Woodbridge Dr. Rockingham*  
*Phone:(08) 9 316 3147 or 043 316 7704*

---

Terms of Acceptance, DISCLAIMER and LIABILITY WAIVER

When a patient seeks help and we accept a patient for such care, it is essential for both to be working towards the same objective. Insomnia has specific goals. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

We do not offer to diagnose or treat any disease. We offer methods of restoring balance to your mind as a way of helping you lose weight. If you desire advice, diagnosis or treatment for anything going on in your body, we will recommend you seek the services of another health care provider.

**Advanced Hypnosis:**

I understand that the hypnotherapist cannot guarantee results any more than a doctor can guarantee results from a particular prescription or surgical procedure.

I understand that hypnosis is not mind control, and that the hypnotherapist does NOT do anything to me while in or out of trance.

I understand no one on this planet has ever suffered adverse affects simply from being hypnotized.

**NLP: Neuro Linguistic Programming**

NLP is a system of working with the mind and the programming and ways in which the mind works. By working with the patterns, belief systems, and ideas the brain uses to store and retrieve information and ways the brain uses to carry out the functions of the body, NLP is often able to quickly help you change this “programming”. This allows you to make changes at the unconscious level in a matter of minutes, vs. days or years with other systems. NLP only works because you choose to do it or not. NLP cannot do anything you don't want to be done.

I understand that the lose weight by hypnotherapy system has NO STATED REFUND POLICY.

I understand THE SESSIONS WILL BE RECORDED for Vitality Clinic's client files.

Again, we do not diagnose or treat. We do not want to replace your medical doctor or alternative medical treatments.

I, \_\_\_\_\_, have read and fully understand the above statements.

(Print name)

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction. I will not hold this clinic, Vitality Clinic or any of the staff liable for any adverse effect on my health; nor will I hold this clinic, Vitality Clinic or the staff liable if I choose to go against my doctor's medical advice.

I therefore accept the aforementioned types of care on this basis.

Your signature.....Date