



Cicero, IN 46034 Phone: (317) 695-0083
www.Enlightenedsteps.com

Thankyou for choosing Enlightened Steps.

Please read and sign this form before completing the rest of the forms. We do our very best to ensure that we provide the highest quality hypnosis services available.

During your first visit to Enlightened Steps, you will meet with **Kelei D. Baker Leak, BSBM CCH.** All scheduled visits will include a customized hypnotic session. **Sessions are scheduled as a 75-minute-block, though most appointments run about an hour in length.** Please plan on the first appointment being the full 2 hours. We try to keep to a strict schedule, but occasionally we may run long. If we're running a little off-schedule, please know that it's always for a good reason.

Hypnosis is a very powerful process that has helped millions of people make changes that they want to make in their lives. However, hypnosis is not "mind control." For example, no one, not even the very best hypnotist, could MAKE you change your habits or behaviors. Ultimately, you are responsible for the changes that occur as a result of the hypnosis sessions. There is always a human factor. Doctors don't guarantee that you will get well. Teachers can't guarantee that you will learn, and lawyers can't guarantee that you will "win" your case. **At Enlightened Steps, what we can guarantee is the very best service using current information and appropriate hypnotic techniques for your situation.**

Our goal is provide you with the most effective hypnosis process in the most efficient use of your time. We begin your process with a systematic series of sessions that include customization for your unique set of needs, continued reinforcement, and self-hypnosis training. Many clients reach their goals in the initially scheduled sessions, and most people (but not everyone) begin to experience benefits from the very first session. Hypnosis is a process. Many clients elect to schedule follow-up sessions for reinforcement or coaching.

We may require a credit card number on file to hold or confirm an appointment. Sessions are non-transferable. No Refunds for unused sessions. **Individual sessions may be arranged for \$130.00 per 1 hour. 2-1 hour session \$240.00, 3-1hr Sessions \$360.00, 4-1hr Sessions \$480.00, 5-1hr Sessions \$600.00, 6-1hr.Sessions \$720.00.** Appointment changes (rescheduling, cancellation, or missed appointments) must be made at least 48 hours before scheduled appointment or clients will either forfeit the session OR pay a \$50.00 rescheduling fee. Late arrivals of 30 minutes are treated as a missed appointment. Due to the limited number of appointments available, our rescheduling policy must be enforced. **You receive a \$50.00 credit toward a session for a confirmed referral.**

“By signing this, I understand that hypnosis and hypnotherapy are not meant to diagnose or treat any disease, but rather it is intended to provide information, education, and motivation that will promote feeling better, healing faster, and generally being more effective. It is designed to give me insight and tools into my innate healing potential and guide me into being more effective in helping myself. I also realize that hypnosis and hypnotherapy are not a substitute for conventional medicine, and I have been encouraged to seek the advice of a licensed health care provider should I choose to with regard to treating me for specific medical or psychological problems. I accept responsibility to share the enclosed “Dear Health Care Provider” letter with my doctor to notify my use of hypnotism

By signing this, I am stating that I have read this form and understand that, like the other healing arts, the practice of hypnosis and hypnotherapy, is not an exact science: Therefore, results are not guaranteed, nor are refunds given for services rendered.”

Signature _____

Date _____



Confidential Client History Form

This form is to be completed **before** the first session: Date _____

Name _____ Mobile Phone _____ Home Phone _____

*Address _____ City _____ State _____ Zip _____

Date of birth _____ Age _____ Sex _____ Marital Status _____ No. of Children: _____

E-mail address: _____ Occupation _____

How did you hear about us? _____ If a referral, who referred you? _____

Has anyone ever tried to hypnotize you? _____ Reason _____

Do you believe that you were hypnotized? _____ Why? _____

Generally, how did it go for you? _____

Reason you are coming for hypnosis _____

What other methods have you tried to address this? _____

What has been successful for you? _____

Would you consider yourself a spiritual person? (Circle One) Yes - No - Maybe

**Follow-up may be done by US Mail. Leave blank to opt out.*

Medical History

If applicable, please provide a list of all medications you are currently taking, and the reason for taking them:

If applicable, please provide the name(s) of your doctor(s) and /or therapist(s), as well as the reason you are seeing them:

Have you ever been treated for? Heart _____ Diabetes _____ Epilepsy _____ Pain _____

Have you had any prolonged illness? Yes _____ No _____ If "yes", what illness? _____

Do you give Enlightened Steps Hypnosis permission to contact your doctor(s) or therapist(s) Yes _____ No _____

"I am investing in hypnosis sessions. Payment is due before or at my first session. I authorize Enlightened Steps to process payment for scheduled appointments. Appointment changes need to be made 48 hours in advance. Should I miss or cancel a session without 48 hours' notice, I either forfeit the session or will be charged a \$50.00 rescheduling fee. Late arrivals of 30 minutes are treated as a missed appointment. Subsequent sessions may be arranged for 1 hr. \$130.00 each or as a package of additional sessions. I understand that sessions at Enlightened Steps may be or may not be video-recorded for insurance purposes and become part of my confidential record. I acknowledge that it is my responsibility to complete this process as recommended. By signing this form, I confirm that all information is true to the best of my knowledge. By signing this form, I accept responsibility to share the enclosed "Dear Health Care Provider" letter with my doctor to notify my use of hypnotism."

Client Name (Please Print)

Client Signature



Cicero, IN 46034 Phone: (317) 695-0083
www.Enlightenedsteps.com

Thank you for choosing Enlightened Steps.

Please complete this form as best as you can. The focus of our sessions is **helping you get from where you are to where you want to be**, and the following information will help guide our process.

Please List Seven Benefits of Making the Change you Want:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

What is your 1 month goal regarding this issue? _____

What is your 1 year goal regarding this issue? _____

What is your 5 year goal regarding this issue? _____

Please fill in the blanks:

- When I get better, I stand to gain/lose _____.
- If I wasn't _____, I'd be much happier.

Name _____ Date: _____



Cicero, IN 46034 Phone: (317) 695-0083
www.Enlightenedsteps.com

Clients Bill of Rights

The following Certified Consulting Hypnotists (CCH) work at Enlightened Steps. Certification and annual re-certification is administered by the National Guild of Hypnotists.

Kelei D. Baker Leak, BSBM, CCH

THE STATE OF INDIANA NO LONGER REQUIRES ANY EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY.

A hypnotist may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis or any other type of treatment from a different practitioner, the client may seek such services at any time. In the event my services are terminated by a client, the client has a right to coordinated transfer of services to another practitioner. A client has a right to refuse hypnosis services at any time. A client has a right to be free of physical, verbal or sexual abuse. A client has a right to know the expected duration of treatment, and may assert any right without retaliation.

Your Right to File a Complaint: Clients may expect courteous treatment free from verbal, physical or sexual abuse by the practitioner. If you have any questions or complaints regarding any of our services, please contact our office and speak directly to Mrs. Baker Leak, at the address or telephone number listed above. If you have a complaint about our services or behavior that Mrs. Baker Leak cannot resolve for you personally, you may contact the National Guild of Hypnotists at P.O. Box 308, Merrimack, NH 03054-0308, (603) 429-9438, to seek redress. Other services than our own may be available to you in the community, and you may locate them in the telephone book.

Fees and Billing: Fees for seeing a hypnotist for individual sessions at Enlightened Steps are based upon a standard session rate of \$130.00 per 1 hr. session, first 2 hr. session is \$240.00, though packaged pricing may be offered. Clients must give 48 hours' notice for changing appointments or canceling appointments, or they will forfeit the appointment or pay a \$50.00 rescheduling fee. Clients have the right to reasonable notice of changes in services or charges. You have the right to freely seek services elsewhere at any time. We can also make specific referrals if requested. You have the right to coordinate transfer of services in the case of change of service provider. You always have the right to refuse services or treatment unless otherwise provided by law. You may assert any client's rights listed here without retaliation.

Insurance: We do not bill insurance companies for services, however some insurance companies may reimburse you for services. Check with your insurance company or policy for additional details. We suggest you think of our services as something that you will pay for personally. That will both protect your privacy, and help you value the work you are doing more.

Theoretical Approach: At Enlightened Steps we utilize hypnotic techniques and instruction to help clients make changes both consciously and subconsciously. Techniques include but are not limited to hypnosis, self-hypnosis instruction, relaxation training, visualization, instructional handouts, audio supplements, and videos.

Assessment and Duration of Treatment: You have the right to view your client file, including any notes or assessments made (additional fees may occur if taken outside of your regular scheduled time with the hypnotist). Hypnosis is a brief intervention process. It is difficult to predict the number of sessions you will require to resolve your issue, though an ethical assessment is done in the initial call and a plan is set from there.

Your Process Is Confidential: Client records and transactions with the practitioner are confidential, and may only be viewed by Enlightened Steps staff, unless release of these records is authorized in writing by the client, or otherwise provided by law.

Client Name (Please Print)

Client Signature



Cicero, IN 46034 Phone: (317) 695-0083
www.Enlightenedsteps.com

Dear Health Care Provider:

I have been contacted by your patient requesting instruction in self-hypnosis. It is my policy to be sure that the attending physician or other health care provider is aware that the patient is practicing hypnotism and will likely experience less worry and discomfort than other patients. Research suggests there may be other general health benefits as well.

Consulting Hypnotism is motivational coaching by means of hypnotism and is not considered health care. Therefore, health insurance does not normally cover hypnotism and your patient will be paying me directly for my services.

If you have any objection to your patient receiving hypnotism would you inform me? If there is anything in particular you would like to include in my work with your patient, please let me know.

I am a Consulting Hypnotist in good standing with the National Guild of Hypnotists and my continuing education is current. I practice in accordance with the Code of Ethics, Standards of Practice and Recommended Terminology of the National Guild of Hypnotists, and give every client a comprehensive Client Bill of Rights which fully discloses my training and practice limits.

Please feel free to learn more about my services and background from my web site. I would also be happy to discuss my services with you at your convenience.

Sincerely,

Kelei D. Baker Leak
Certified Consulting Hypnotist
National Guild of Hypnotists