

Client Selection & Informed Consent Information
For Body Centered Hypnotherapy
Practitioner: Lynne Jordan

Informed Consent Release Form:

The undersigned, being over the age of 18, of sound mind and body and without undue influence or duress, hereby freely and voluntarily consents to undergoing hypnosis conducted by Lynne Jordan C.Ht.. (“hypnotherapist”) DBA: Expert Medical Massage

I understand there are certain risks associated with hypnosis, including but not limited to those risks described herein.

I acknowledge the hypnotist has fully disclosed the following risks associated with hypnosis:

- 1) hypnosis may bring to the conscious mind information and memories from the repressed unconscious which may cause anxiety or strong negative feelings;
- 2) hypnosis is not appropriate for people who have mental health disorders; and
- 3) hypnosis may not be appropriate for people who are under the care of a mental health professional.

I have had the opportunity to ask questions about hypnosis, and to consult with the mental health professional of my selection prior to undergoing hypnosis. I acknowledge I am not under the care of a mental health professional and to the best of my knowledge and belief,

I am not suffering from any mental health disorder.

I am in good physical health.

I acknowledge the desire to be hypnotized, and acknowledge the execution of this document is a condition to the hypnotist’s willingness to perform hypnosis on me.

I hereby forever and unconditionally release the hypnotist from all claims and causes of action related to or arising from the hypnosis now or at any time performed by the hypnotist. I accept any and all risks for any adverse reaction I may have to hypnosis.

_____ Printed Full Name Date

_____ Signature

Body Centered Hypnotherapy
Practitioner: Lynne Jordan C.Ht.

Name:
Address:
Phone:

Client Policies:
Appointments-

Hypnotherapy appointments are usually arranged on a weekly or biweekly basis if possible; this way, both you and I can count on meeting at a scheduled time on a specific day. If you need to change or cancel an appointment, please give me at least 24 hours notice, otherwise you will be charged 100% of the session cost for that session and you can reschedule at a 50% reduced rate the following session.

You may change or cancel an appointment by leaving a message with my answering service:
1-866-224-2573

Email: Expert.Medical.Massage@gmail.com

Or text at 720-722-0844

In the case of an emergency, dial #911

If you need to reach out to me directly text or call 720-722-0844

of may reach me or my machine between the hours of 8 AM and 8 PM

I will return your call within 24 hours.

Phone and video consultations will be billed at the regular fee.

When I am out of town, we can set up phone or video consultations at the regular fees.

Fees: The fee for an individual session is \$222.00 per session (90 minutes).

The first session are up to two hours (\$222.00) and sessions thereafter are booked for an hour and a half (90 minutes, \$222.00) unless otherwise requested. If you would like to arrange for two hour sessions, please let me know at the time of booking your session.

If my fees change, I will discuss this with you in advance.

Fees are due and payable at the time of each hypnotherapy session.

You may use cash, checks or credit cards (Mastercard, Visa or American Express).

Body Centered Hypnotherapy

Practitioner: Lynne Jordan

Client Rights:

The following rights are granted to you by the State Department of Regulatory Agencies, Mental Health Division:

DORA: Division of Unlicensed Psychotherapy

<https://dpo.colorado.gov/UnlicensedPsychotherapy>

State Board of Unlicensed Psychotherapy

1560 Broadway, Suite 1350

Denver, CO 80202

Phone: 303-894-7800

Email: dora_mentalhealthboard@state.co.us

- * You are free to ask me any questions you may have about the methods of therapy, the duration of your therapy (if I can determine it), my credentials and the fee structure.
- * You may ask for a second opinion from another therapist or terminate therapy at any time. *
- * In a professional relationship between a therapist and client, sexual intimacy inappropriate and should be reported to the above agency.
- * Therapy sessions are not legally confidential, and I may be forced to disclose information without your consent, such as in the circumstances of physical danger to yourself or others or the physical abuse of a child or elderly person.
- * If it is necessary for me to gather information from other professionals, e.g., your physician, I will discuss this with you. If you agree, you will be asked to sign a release of information authorization.
- * If you are Currently Under Medical or Psychological Care: Please contact your medical doctor or psychological practitioner and inform them of your choice to use hypnosis for your better good.
- * It is in your best interest for this to be a joint effort and for everyone involved in your care to be informed.

*

*

* Print Name: _____

*

*

* Signature: _____

Client Information Sheet

Last Name _____

First Name _____

M.I. _____

Address _____

City _____ State ____ Zip _____

Day Phone _____

Night Phone _____

Education

(Highest Grade Completed) _____

Occupation _____

Employer _____

Sex _____ Age _____ Birth Date/Year _____

Marital Status _____

Household Members: Name Age/B.D. Occupation Education Spouse/Partner

Children at home _____

Children not at home _____

Others at home _____

Family History: Name Age/B.D. Occupation Education Mother

Father _____

Siblings _____

General Health _____

Medications currently using _____

Alcohol usage
(frequency) _____

Street drug usage (type, frequency) _____

Glasses _____ Contacts _____

Physician's Name, City, Phone _____

May I contact Doctor, if necessary? _____

Referred by _____

Previous Hypnosis, meditation, guided imagery? When? _____

Did you find it helpful? _____

Previous Therapy? When? _____

Did you find it helpful? _____

History of Problem _____

What do you expect to gain through hypnosis? _____

I understand that, if accepted as a client by Lynne Jordan (Practitioner) is for the purpose of relaxation, learning, and/or habit modification. I understand that my progress in hypnotherapy comes from my participation. I have been advised to discuss my choice to use hypnotherapy with my medical or psychological practitioner and will continue my present treatment until that practitioner tells me to do otherwise. The statements I have made on this form are correct and complete to the best of my knowledge, and I understand and agree to the information contained in Client Policies Form as well.

Signature _____

Date _____

**The following is a description of my training, certifications, educational
And professional background:**

Transpersonal Hypnotherapy Training
Transpersonal Hypnotherapy Institute, 2022

Depth Hypnosis Foundation Class
Sacred Stream-Isa Gucciardi, 2021

Harner Shamanic Counselor Training, 2013
Two Week Shamanic Healing Intensive, 2018
Way of the Shaman/Shamanic Dreamwork/Shamanic Extraction/Shamanic Soul Retrieval, 2011
- Foundation for Shamanic Studies

Graduate Medical Intuitive, Psychic, Mediumship
-The Aspen Program for Psychic Development, 2014

Approved Provider of Continuing Education
- National Certification Board for Massage and Bodywork, Since 2008

Adjunct Faculty/Board of Massage Therapy/Externship Instructor
- Institute of Business and Medical Careers 2011

Massage Therapist/Massage Instructor/Massage Research
-University of Colorado Hospital 2008-2011

Kirtan Singer/ Musician/Drummer
-Yoga Rocks the Park 2011

Yoga Instructor- 200 hour program
-Axis Yoga Training, 2009

Trance Dance Facilitator
-Wilbert Alex Trance Dance, 2007

Actress
-Theater and Independent Film 2011-2015

Graduate/ Licensed Massage Therapist

- Massage Therapy Institute of Colorado, 1999

BA (psychology)

- West Virginia University. 1996

Studied with various healers from various countries regarding plant medicine, physical medicine, energy medicine, herbal medicine, mantra, breath work. (Mexico, Costa Rica, Bali, Thailand)

South African/ Middle Eastern/ Tribal Fusion Belly Dance,

- Professional Fusion Dancer with Tribe Amala and G.E.M Goddess Earth Movement

Practitioner and Instructor of Kundalini/Anusara/Hatha Yoga

Grandfather: Chiropractor

Father: Chiropractor

Mother: Musician, Teacher

Earth, Trees, Stones, Sky, Fire and Ocean and various Pets and Wild Animals: Teachers