

SOL FLOWER WELLNESS
Wendy E. Crane, Ed.S., LMFT, NCC
200 Waymont Court, Suite 126, #1
Lake Mary, FL 32746
407-739-4267

INFORMED CONSENT TO PARTICIPATE IN HYPNOTHERAPY

Hypnotherapy is another mode of therapy, different from “traditional” individual, couple, or family therapy. It is conducted on an individual basis and can be used as an adjunct to any form of traditional therapy. Hypnotherapy will not be used in place of an initial session. An intake session must be performed prior to using hypnotherapy as a treatment method.

Hypnotherapy is the practice of therapy within a trance state. I will fully explain the hypnotherapy process to you and answer any questions that you may have prior to beginning the session. Much work can be accomplished with hypnotherapy in a shorter period than with traditional “talk therapy.” And the benefits of this type of therapy will continue to increase even after you leave the office and during the weeks that follow.

Hypnotherapy is a 2-hour session consisting of 3 parts: 1) Interview to establish what you want to work on in the session; 2) The hypnotherapy experience; and 3) Completion of the session and instructions for the week(s) to follow.

The hypnotherapy experience includes: An induction, which assists you in reaching a very relaxed state and induces hypnosis. A middle portion, which consists of age regressions and identifying and releasing cognitive, emotional, and behavioral patterns that are keeping you blocked. And a healing portion that consists of inner child healing, extinguishing emotions and beliefs that no longer serve you, and developing new positive affirmations.

You also have the option of recording a portion of your session. The initial induction and the final healing portion would be recorded so that you may practice at home and reinforce your therapeutic experience. Please bring a device to record on (i.e., your phone) and request this before your session begins.

By signing below, I acknowledge that I have read and understand the above information and I have addressed any remaining questions that I have about hypnotherapy. I agree to participate in hypnotherapy with Wendy E. Crane, Ed.S. LMFT, NCC as a part of my total therapy process.

Client signature: _____ **Date:** _____