

Rhona Jordan C.GIt, C.Cht  
Guided Imagery Therapist, Medical & Dental Hypnosis & Instructor  
Meditation Practitioner, Primordial Sound Meditation Instructor  
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Date: \_\_\_\_\_

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Last Name (please print)	First Name	Birthday	Cell Tel #
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Street Address	City	State	Zip
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Work Tele #	Home Tele #	Email Address
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Sex: M / F      Marital Status: M S D W      Ages of children \_\_\_\_\_

Occupation \_\_\_\_\_

Are you experiencing grief or loss? \_\_\_\_\_

Where you referred by: (Circle all that apply)

Medical Referral    Relative    Friend    Internet    Other: \_\_\_\_\_

Are you under a doctor's care?    **Yes**    **No**      Reason: \_\_\_\_\_

Are you taking medication?      **Yes**    **No**      List: \_\_\_\_\_

Have you ever worked with Self-Hypnosis?    **Yes**    **No**

Have you ever worked with Guided Imagery? **Yes**    **No**

Any fears/phobias regarding water, height, elevators, escalators, animals, bugs or anything?  
\_\_\_\_\_

Allergic to food or anything?    **Yes**    **No**    **List:** \_\_\_\_\_

What do you want to accomplish **TODAY** through the use of Self-Hypnosis or Guided Imagery?  
\_\_\_\_\_

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What do you want to accomplish in a future appointment? \_\_\_\_\_

**I agree that my success with the process of therapy through relaxation, self-hypnosis, guided imagery or meditation is based on my persistence with the process and the recommendations of the therapist. Please initial here that you understand and agree:** \_\_\_\_\_

**I am willing to be guided through relaxation, guided imagery, self-hypnosis, meditation and stress reduction process and techniques for the purpose of self-improvement. I understand that the hypnotherapy, guided imagery or meditation that I am receiving is not a substitute for normal medical care and I have been advised to discuss these modalities with any doctor who is taking care of me now or in the future. Additionally, I should continue any present medical treatment and consult my regular medical doctor for treatment of any new or old illnesses. Rhona Jordan is a legal Alternative Healthcare Provider and not a California licensed healing arts practitioner. Please initial here that you have read and understand and agree to use Self-Hypnosis or Guided Imagery or Meditation:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

<b>Recording the session is recommended for reinforcement. Enjoy!</b>
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