

NLP4FREEDOM

Experience Freedom In Your Life Through NLP

Fresno, California (559) 478-1280

havenyoung@nlp4freedom.com

Haven Young, NLP & hypnosis

www.nlp4freedom.com

G. Haven Young
Licensed Master Practitioner
of Neuro-Linguistic Programming

Disclosure I, Haven Young, am a certified hypnotist, and a certified Practitioner and Master Practitioner, of NLP (Neuro-Linguistic Programming). I have hundreds of hours of NLP and hypnosis training.

The types of work I do are not licensed by the state of California. They are considered alternative or complementary to healing arts services licensed by the state. I am not a licensed physician.

The methods I use work with the way your mind and body naturally process information to help you get the results you want. I provide consulting, teaching, and coaching designed to help people learn how to commit to and achieve their goals, and remove any barriers they have to success.

Cancellation policy You may cancel or change your appointment free until 10 p.m. the night before your session. Email cancellations must be confirmed by 10 p.m. to count. If you cancel after 10 p.m., you will be charged your

full session fee. As a courtesy, please give as much advance notice as possible.

Payment policy Fees are due at the time the service is provided. Payment in advance may also be made for multiple sessions. Payment plans are available—please ask in advance.

Client acknowledgement I have read the above disclosure, cancellation policy, and payment policy. I understand that Haven Young's consultations are intended to be educational and performance-enhancing in nature, and are not intended as substitutes for medical services, psychotherapy, or counseling. I agree to give sufficient notice of a cancellation, as specified above, or pay my full fee for that missed appointment. I agree to pay my fees on the day of each session or in advance. My signature verifies that I have read and understand the above disclosure and policies, and I agree to their terms.

Signature _____ Date ____/____/____

Print your name _____

Keep this page for your records

Fill out the following pages and bring to your first appointment.

To cancel or change your appointment free until 10 p.m. the night before your session phone (559) 478-1280



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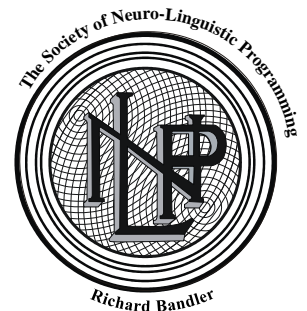
havennyoung@nlp4freedom.com

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2 wk. _____

6 mo. _____



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Client information

Name _____ Date of birth _____

Address _____

Work phone _____ Home phone _____

Cell phone _____ Email _____

What NLP trainings/consultations have you experienced?

Are you now, or have you been recently under the care of a psychotherapist, physician, or counselor?

Name of doctor or therapist _____

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Signature _____ Date _____

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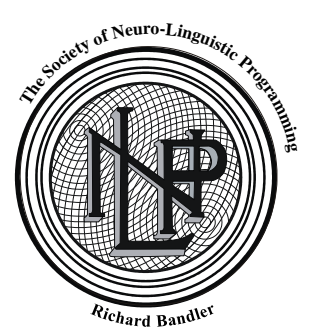
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Current issues

Date _____

1. Please briefly describe your current issue(s).

A. _____

B. _____

C. _____

2. Please briefly describe in what ways you have tried to solve the current issue(s).

A. _____

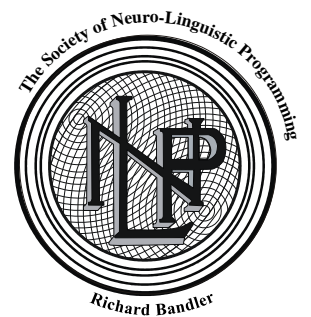
B. _____

C. _____



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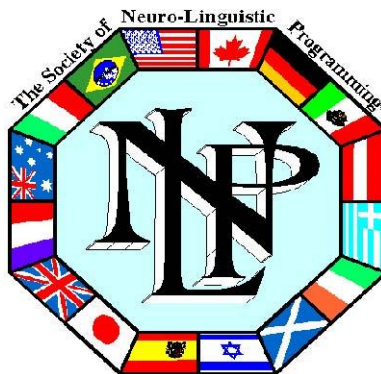
What you want

Please list your desired outcome(s) regarding your current issue(s).

A. _____

B. _____

C. _____



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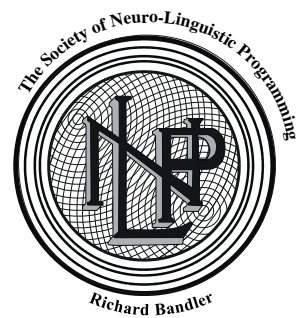
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Drug History

Date _____

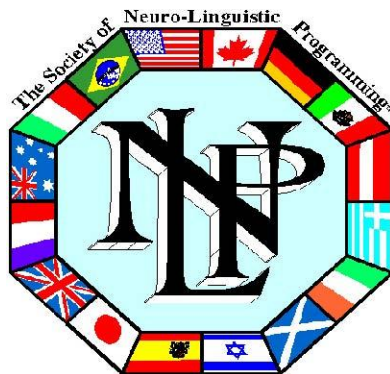
Please answer the following questions as best you can:

1. Please list any prescription drugs you use now.

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

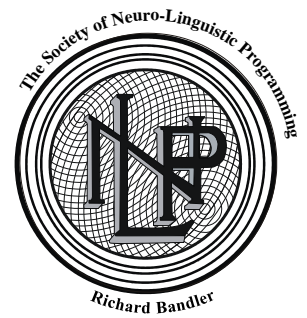
2. Please list any prescription drugs have used long-term in the past.

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____



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Medical history Date _____ Please list all current diagnosed medical conditions including psychiatric diagnoses.

A. _____

B. _____

C. _____

