# Ann Marie Rullo-Pressman Certified RTT - Consent Form

Ann Marie Rullo-Pressman is Certified in Rapid Transformational Therapy (RTT), which includes hypnosis and regression techniques. RTT is entirely safe, natural and clients typically find it relaxing. Whilst under hypnosis, clients remain conscious and in complete control of their bodies. They will feel a deep sense of relaxation.

The therapy is based on regressing back to early memories which will help identify the root cause of the issue that the client is seeking to be healed. The client will work closely with Ann Marie using different techniques to understand the origin of the issue and create new beliefs.

RTT alone will not create the change required by the client. The client must be motivated for the changes to occur and commit to the healing program which typically lasts 21 days. The client must be willing to participate fully in their healing for it to be long lasting.

I

*(Insert Your Name)*

understand Ann Marie Rullo-Pressman is a Certified Hypnotherapist, RTT Practitioner and Rapid Transformational Hypnotherapist. I acknowledge that Ann Marie Rullo-Pressman is not a licensed physician, psychologist or medical practitioner and that the information, techniques, methods, recommendations offered are not intended to substitute diagnosis and care by a qualified physician, nor to encourage the treatment of any illness by persons not recognisably qualified.

If you use RTT and are under medical care for any condition, do not make any adjustments to any prescribed medication or treatment without the approval of your physician.

I

*(Insert Your Name)*

give Ann Marie Rullo-Pressman permission to make audio recordings that may include my voice and I acknowledge that if a recording (or recordings) are made during or after my session(s), Ann Marie Rullo-Pressman holds full copyright over and forms of media that may be produced and distributed to me. I hereby grant permission to Ann Marie Rullo-Pressman to respectfully lift my arm, touch my shoulder, tap my forehead or rock my head gently during the course of the hypnotherapy session(s) in order to facilitate the deepening process.

I consent that Ann Marie Rullo-Pressman may release information to a specified individual or agency if it has been determined that a child or other person is at risk of being abused, or if I as a client am in eminent danger to myself or others.

I hereby give Ann Marie Rullo-Pressman permission to hypnotise me and to use RTT in the knowledge that I do so at my own risk. I accept that while RTT is known to be effective, Ann Marie Rullo-Pressman does not

guarantee any results and the success of the session (s) depends greatly on my own ability and desire to effect change. I release Ann Marie Rullo-Pressman from any liability or claims concerning my mental and/or physical well-being during or following treatment that has been outlined and agreed upon by filling out this form.

I understand that if I am epileptic or suffer from a psychotic illness, it is not recommended that I undergo hypnotherapy. I hereby agree that by signing this form that I do not suffer from these disorders.

I can confirm that I have read the above and understand the process of RTT and hypnotherapy and accept these terms and conditions.

Print name

Signed

Date Signed

# Intake Form Personal details

|  |  |
| --- | --- |
| Name |  |
| Age |  |
| Street |  |
| Suburb |  |
| City /State |  |
| Email |  |
| Mobile /Cell |  |
| Employer |  |
| Occupation |  |

**Health**

|  |  |
| --- | --- |
| Name of Physician |  |
| Approx date of last checkup |  |
| Phone no |  |
| Current medications |  |

Please underline / circle any areas that concern you:

|  |  |  |  |
| --- | --- | --- | --- |
| Addictions | Concentration | Nerves | Sleep problems |
| Smoking | Confidence | Pain control | Sexual concerns |
| Drinking | Compulsive Behaviour | Panic attacks | Self hypnosis |
| Drugs | Depression | Phobias | Skin problems |
| Gambling | Exams | Public speaking | Weight problems |
| Food | Eating problems | Fertility | Anorexia |
| Acheiving goals | Fears | Relationships | Bulimia |

|  |  |  |  |
| --- | --- | --- | --- |
| Anxiety | Guilt | Relaxation | Fibromyalgia |
| Career | Motivation | Stress | Chronic Fatigue Sydnrome |
| Childhood problems | Memory | Self esteem | PTSD |

Please add anything else that is not listed:

Please answer the following:

What is the current concern you most want to be resolved?

When do you feel emotionally triggered? What triggers you? How often?

Briefly describe your childhood / family. Any significant events that may be relevant?

If this session could deliver you one thing, what would it be? How would you know the session worked? What would life be like if you had this thing / feeling?

Write at least 5 phrases / words you need to believe in. These will be used in your recording, so make them things you want to hear every day: (*e.g. I am alcohol free, I am calm, I am living my best life, I sleep deeply every night, I love myself, I am enough).* Be specific.

If you no longer struggled with this issue, how would it impact your work, relationships, finances, health etc? Be specific, dream big!