

# Professional Services Agreement

*All personal information is confidential and treated appropriately*

Client name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers

Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Please describe briefly the particular area of personal growth you would like to focus on during scheduled session(s):

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*The undersigned Client acknowledges that he or she has been informed of the following information:*

## SERVICES

Kerstin Sjoquist of Consciousness Arts, Inc. agrees to provide professional services in accordance with acquired training and experience during scheduled consultations to facilitate Client's benefits. Ms. Sjoquist's work is Client-centered. Services provided utilize methods and principles used to help clients discover their inner creative abilities to develop positive thinking and feeling and to transform undesirable habits and behavior patterns. Therapeutic goals are to achieve freedom from restrictive thought and belief systems, to assist in solving personal problems, developing motivation and achieving goals. Client may be taught the use of self-hypnotic techniques to assist in achieving goals and resolving issues that have been mutually agreed upon by Client and Ms. Sjoquist.

The principles and theories upon which Client sessions are based are accessing and utilizing the power of one's inner resources with the goal to achieve effective and lasting results. Techniques used can transcend the critical, analytical level of mind, and facilitate the acceptance of suggestions, directions and instructions desired by the Client. These techniques can also elicit information and insights from the inner mind.

Services to be provided do not include the practice of medicine, as Ms. Sjoquist is not a licensed physician. These services are non-diagnostic, and are complementary to the healing arts services that are licensed by the state of California.

Ms. Sjoquist has acquired the following education, training, experience, and qualifications to perform the services offered to her Clients:



Completion of the Clinical Hypnotherapy program at the Hypnotherapy Training Institute in Santa Rosa, California. This diploma is approved by the State of California.

Private client practice since 2001.

Workshop facilitation since 1993.

Registration with the American Council of Hypnotist Examiners as a Certified Hypnotherapist.

#### SESSION AND FEE DETAILS

Sessions are approximately 50 minutes. Fees are \$95 per session, or \$250 for three pre-paid sessions (valid for one year from date-of-purchase). Fees must be paid in full in advance of session.

Sessions are conducted via phone. Ms. Sjoquist will call Client at a pre-arranged phone number at mutually agreed upon date and time. Client may cancel or reschedule an appointment up to 24 hours prior appointment. Client agrees to pay a \$25 fee for appointments cancelled or rescheduled with less than 24 hours notice. In the event that Client is not available when Ms. Sjoquist calls, and does not return her call within 10 minutes of agreed upon session time, Client agrees to forfeit the appointment and pay the fee in full.

Client agrees to the recording of both sides of the conversation for the purposes of note taking, review, and documentation. Client may request a CD copy of guided meditation processes used in the session.

All fees are in U.S. dollars.

#### METHOD OF PAYMENT

Cashier's check or money order payable to Consciousness Arts, Inc.  
(mail to: PO Box 12113, San Francisco, CA 94112-0113)

PayPal (email address required above)

VISA     Mastercard     American Express

Card #: \_\_\_\_\_ Verficiation #: \_\_\_\_\_

Card holder's name: \_\_\_\_\_

Billing address: \_\_\_\_\_

Signature: \_\_\_\_\_

*I, the undersigned Client, acknowledge that I have been advised of the foregoing information, that I agree to Session and Fee Details, and that I have retained a copy of this "Professional Services Agreement."*

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

FAX COMPLETED FORM TO:

Consciousness Arts, Inc., (435) 518-3881

