



Wings Hypnosis



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Hypnotic Contract

Help us to help you! Please completely fill out this confidential form, and bring it with you to your session. Thank you!

- _____ I have not been pressured or coerced into this appointment by a doctor or loved one. I am here by my choice to be a non-smoker.
- _____ I have been shown the instructional video, and the content makes sense to me.
- _____ I understand that I am not addicted to nicotine; smoking is a powerful habit.
- _____ I understand that hypnosis is a natural state of mind and that everyone of normal intelligence is hypnotizable.
- _____ I understand that hypnosis is not mind control. It is my responsibility to relax and allow the suggestions through in order for them to be effective.
- _____ I understand that part of this session's objective is to re-activate my unconscious mind's own prime directive to protect myself from danger.
- _____ It has been explained what to expect after my session and how to respond (effortless, occasional thought, or some teasing). Just smile & say NO.
- _____ I have completed the neurological process and my body has indicated that the problem is now a ZERO.
- _____ I understand that even though the cravings are gone, if I ever think to myself, "I beat it. It was easy. Just one won't hurt," then I will be back to smoking within a week. I promise to myself that I will never have a single puff, drag, or draw from a cigarette for the rest of my life.
- _____ I agree that I am responsible for my own success.
- _____ I understand that Traci Kanaan is a certified Hypnotherapist, with more than 2,000 hours of education and that she is not a medical doctor. Hypnosis is proudly a legal stand alone profession and is not licensed healing arts modality.
- _____ I understand and agree that my process includes a Lifetime Guarantee, and not a money back guarantee. I am paying for time and expertise. For those who require any additional support, Wings Hypnosis will provide it free of charge as stated in our written service guarantee.

Print Name _____ Sign Name _____ Date _____