

# REGISTRATION FORM

## Rapid Transformational Therapy®

ALL INFORMATION IS STRICTLY CONFIDENTIAL

*Randy Riccoboni RTT®, C.HYP., Rapid Transformational Therapist, Certified Hypnotherapist*

Date	
First Name	
Last Name	
Preferred Name	
Sex	Male / Female
Age	
Date of Birth	
Occupation	
Telephone	
Email	
Emergency Contact	Name Relationship Contact Number
GP	Name Address Telephone
Are you currently receiving any treatment from a Doctor or other Practitioner? If yes, please give brief details:	
Are you currently taking any medication? If yes, please give details:	
Please give a brief background of your current concern	

What do you wish to receive from your session?

Achieving Goals

Addictions

Anxiety

Career Issues

Childhood problems

Concentration

Confidence

Compulsive Behaviour

Depression

Drinking

Drugs

Exam Stress

Eating Disorders

Fears

Fertility

Gambling

Guilt

Motivation

Memory

Pain Control

Panic

Phobias

Public Speaking

Relaxation

Self Esteem

Sexual Problems

Sleep Problems

Skin Complaints

Smoking

Stress

Relationships

Weight Issues

#### DISCLAIMER

*People with Epilepsy or any person diagnosed as having a psychotic illness should not enter hypnosis. Isabelle Giroday accepts no responsibility whatsoever. Under no circumstances including but not limited to negligence shall Randy RD Riccoboni be liable for any special or consequential damages in any way whatsoever now or in the future that result from the use of or the inability to use hypnosis, advanced hypnotic techniques, hypnotherapy or any other therapies. The information, techniques, methods and recommendations Randy RD Riccoboni are not intended to substitute for the diagnosis and a care of a qualified doctor nor to encourage the treatment of illness by persons not recognisably qualified. If you use hypnosis and are under medical care for any condition, do not make any adjustments to any prescribed medication without the approval of your doctor. If in any doubt, you should seek medical advice.*

*Randy RD Riccoboni has taken due care and attention with the information provided at this therapy session and information is given in good faith. The information given is not intended to constitute medical advice. Always consult your GP before changing medications and evaluating treatment alternatives.*

*Randy RD Riccoboni does not accept responsibility for any loss, damage or expense resulting from the use of information provided. You agree to indemnify and hold us harmless by signing and agreeing to these conditions.*

*Randy RD Riccoboni carries full professional indemnity and public liability insurance*

#### DECLARATION

*The information I have given here is to the best of my knowledge, full and correct. I undertake therapy on the understanding that it is a collaborative process, and that progress depends in part upon my own motivation and participation.*

*I accept that all appointments not cancelled with 48 hours will be charged in full.*

Signature:

Date:

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Tel: 619-823-7263

[RDRiccoboni.com](http://RDRiccoboni.com)

Zoom link upon request