

## Checklist: Contraindications

Current medical conditions or particularities: \_\_\_\_\_

Specifically, have you been diagnosed by a doctor or psychotherapist with any of the following conditions?

	Yes	No
Mental disability	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>
Psychosis (Schizophrenia etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Affective Disorder (Depression, Mania, bipolar...)	<input type="checkbox"/>	<input type="checkbox"/>
Personality Disorder (Borderline, ...)	<input type="checkbox"/>	<input type="checkbox"/>
Substance-related addiction (alcohol, drugs, medication such as opioids)	<input type="checkbox"/>	<input type="checkbox"/>
Recent heart attack	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Thrombosis	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>

Are you currently undergoing medical therapy or counseling? If so, what type? \_\_\_\_\_

Is our session supposed to complement the ongoing therapy/counseling sessions? \_\_\_\_\_

Have there been any health-related restrictions in the past? \_\_\_\_\_

Have there been any emotional or psychological restrictions or challenges in the past? \_\_\_\_\_

Are you currently on medication? If yes, what type? \_\_\_\_\_

**With my signature I confirm that I provided the correct information above to the best of my knowledge and that I am aware of the relevancy of this information for my own well-being during the session with Dorothee Amelung.**

**I understand that the conditions listed above may be contraindications for hypnosis and that the conditions and/or associated symptoms can be intensified or worsened through hypnosis.**

\_\_\_\_\_  
Signature

Please only sign if relevant:

Exclusion of liability:

I hereby confirm that I have been informed by Dorothee Amelung in a personal conversation about the risks of a hypnosis session with her in connection with my contraindication(s) and that despite of my contraindication(s) I still want to receive a hypnosis session with her in full awareness of the potential risks. With this signature, I therefore exclude any liability of Dorothee Amelung.

\_\_\_\_\_  
Signature