Hypnosis for Life

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CLIENT CONTACT & INTAKE FORM

This form is to be completed prior to initial session: **Date:** _____

NOTE: All information will be kept strictly confidential except that which we are legally obliged to report such as threat of injury to self or others. If you are in any way uncomfortable with any of these questions, feel free to skip them. Please be aware that the more you tell me about yourself, the more I may be of assistance to you. It is an honor to assist you.

Name_____

Date of Birth (MM/DD/YY) _____

Mailing Address_____

City _____ State _____ ZIP Code _____

Email _____

Day Phone _____ Evening Phone _____

Cell Phone _____

Best way to contact you (Please check): Phone ___ (Day ___ Eve ___) Cell ___ Email ____

Married _____ (Number of marriages _____) Single _____Divorced ____ Widowed _____

Name of Spouse/Partner _____ How long? _____

Names and Ages of Children

_____

Current occupation _____

Do you enjoy your work? Yes __ No __

Who referred you? _____

Have you ever had a hypnosis session? Yes _____ No _____

If yes, was it a positive experience? Yes _____ No _____

REASON YOU ARE COMING FOR HYPNOSIS _____

_____

How long has this been a problem? _____

When did it start? _____

How is this impacting your daily life? _____

What was your childhood like? _____

_____

Mom? _____ Dad? _____

Siblings? _____Birth Order? _____

Bullying or abuse by family member? _____

Any previous efforts to solve the problem? Yes ___ No _____

Results _____

Do you have a spiritual path or practice? Yes ____ No ____ Type _____

MEDICAL

Prolonged illness? Yes ____ No ____ If yes, when did it start? _____

Any other current health problem(s)? Yes ____ No _____

If yes, please list: _____

Are you being treated by a physician/psychologist/psychiatrist/therapist/counselor? Yes __ No __

If yes, for what reason? _____

Doctor(s) name & Clinic _____

_____

Medications you are currently taking _____

_____ Recreational drugs _____

Is there anything else you would like me to know?

_____

What do you hope to accomplish because of us working together? _____

_____