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Certified Hypnotherapist & Coach

HypnoCoaching Client Enrollment

Please take your time and provide the following information in as much detail as possible. It will help me get to know you better. We will start where you are at and move towards your goals. The information provided will remain confidential.

Date: _____

Client Personal Information

Client Full Name: _____

Complete Address: _____

Cell Phone: _____ Ok to call? Y N Ok to voice message? Y N

Other Phone: _____ Ok to call? Y N Ok to voice message? Y N

Preferred Phone to Text Message: _____ Ok to text message? Y N

Email: _____ Ok to send email? Y N

Note: Phone and text messages, unless password protected, are not considered to be a confidential form of communication and therefore no confidential information will be sent via these forms of communication, however, appointment reminders are sent via text message, if requested.

Date of Birth: _____ Place of Birth: _____ Age: _____ Gender: _____

Marital Status: Unmarried Married Domestic Partnership Separated Divorced Widowed

Spouse/Partner's Name: (if applicable) _____

Date of Birth: _____ Age: _____

Do you feel satisfied in your relationship: Unsatisfied Neither Satisfied Very Satisfied

Please describe any concerns: _____

Children: Yes No (If Yes, please note names and ages and any relevant pregnancy, labor and delivery information)

Do you feel satisfied with family support: Unsatisfied Neither Satisfied Very Satisfied

Please describe any concerns: _____

Level of Education: _____

Occupation: _____

How satisfied are you at work: Unsatisfied Neither Satisfied Very Satisfied

Please describe any concerns: _____

In case of Emergency, who may we contact:

Name: _____ Phone: _____

Health & Medical Information

Do you have a regular physician: Y N

Name _____ Location _____

Do you have any conditions or health concerns that you would like me to be aware of:

Are you currently taking any medications: Y N (If Yes, please list below name and dosage)

Please describe your current use, if any, of alcohol and/or non-prescription drugs: (what, how often, how much)

Any significant changes in sleep, appetite or eating patterns that have been of concern:

Have you ever tried to hurt or harm yourself: Y N (If Yes, please discuss below)

Have you had prior counseling or coaching services? Y N (If Yes, please note below)

When: _____ Where: _____

Additional Information

What are some of your strengths:

What are some of your hobbies and interests:

What are your spiritual or religious beliefs and how they influence your life:

Who is your greatest support:

Hypnotherapy & Coaching Goals

Please discuss what you would like to change or improve in your life:

How has this impacted your life:

How long has this been a concern:

What significant changes have you noticed lately: (please describe both positive and negative)

Have you experienced any significant life changes or stressful events recently:

What motivated you to begin working on this goal:

How will you know when you have reached your goal:

Who might be the first to recognize change or improvement:

Anything else you would like me to know:

Whom may I thank for referring you: (Referral or Self-referred)

Name: _____ Phone: _____

Self referral via: _____

I look forward to supporting your goals with HypnoCoaching!