

321 Hypnosis and Massage Center

508-868-9015 — 321Hypnosis.com



Name: _____ Phone: _____

Address: _____ City: _____ ZIP: _____ D.O .B.: _____

Email: _____ Occupation: _____

*Emergency Contact: _____ *Phone: _____

How did you hear about us? Facebook Friend Who? _____

Advertisement , Explain where advertised? _____

Interested in - Check all that apply: Massage Hypnosis Intuitive Card Readings CBD Products Coaching

Preferred contact: Text Phone Email

Check or circle Symptoms or conditions you have now:

Covid Influenza FLU Cold/Sore Throat Sinus Issues Allergies
 Asthma Phlebitis /Blood Clots Cancer/Tumor MS Fatigue
 Diabetes Fibromyalgia Headaches Any Heart Condition Stroke
 Pacemaker Varicose Veins Jaw Pain/TMJ High/Low Blood Pressure
 Swelling/Edema Any Rash or skin conditions Scabies Cuts/bruises
 PTSD Neuropathy Severe PMS Numbness/tingling Constipation
 Lymphedema Taking blood thinners broken/fractured bones
 dislocations Shingles Pregnant, How many Weeks _____

Please Check all that apply: Releasing Anxiety/Stress Chronic Pain
 Depression/sadness Smoking Vaping Insomnia/Sleep disorders
 Weight - high / low Eating Disorders Motivation General Fears
 Goal Setting Relationship Issues Test Anxiety Past Life Regression
 Improve athletic ability/Sports performance Releasing Habits
 Surgical Fears Alcohol/drug use per week: _____

Presenting Issue (symptoms, diagnosis, etc.) _____

Current Medications (including aspirin, vitamins, etc.) _____

List surgeries and/or accidents (include year and treatment received) _____

Physical limitations due to injury or surgery _____

What results, or how do you want to feel, from your session today? _____

Any areas you want me to stay away from? i.e. hands, feet etc? _____

Is this your first MASSAGE: Y / N

When/Where was your previous massage? : _____

How often do you receive massage: _____

Are you being treated by a Physician, Psychiatrist, Counselor
Chiropractor: Y / N Pls Exp: _____

DOCTOR Name/#: _____

Partner/Significant other: _____

Hobbies: _____

Why have you now decided to seek assistance? _____

Special Events coming up _____

Name 1 or 2 goals for our session: _____

How committed are you with these goals 0-10 _____

How motivated are you with these changes? 0-10: _____

Have you been HYPNOTIZED? Y / N

Where/When? _____

Have you seen others Hypnotized? Y / N

Can you sit still for long periods of time: Y / N

Can you follow directions: Y / N

Are you a spiritual person: Y / N

Do you believe Hypnosis will help you? Y / N

Relaxing Place: _____

Safe Place: _____

Accomplishments/Successes _____

How much weight you want to release _____

What size are you _____

What size do you want to be _____

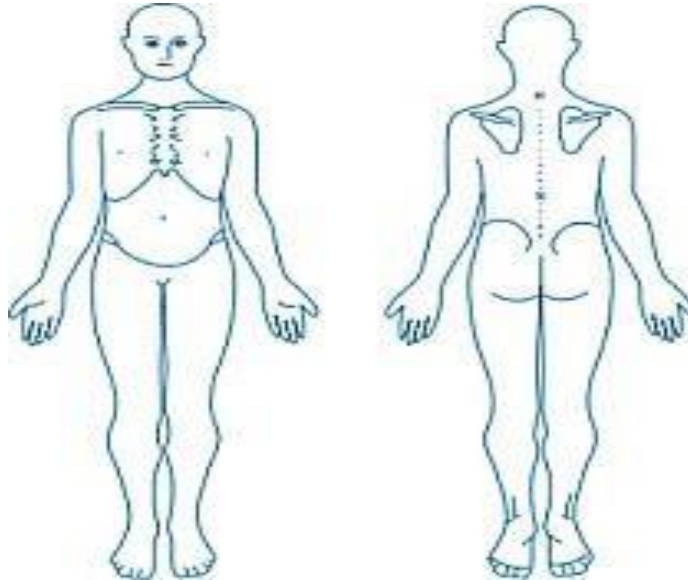
How often do you exercise? _____

How many Packs of cigarettes per wk? _____

Do you vape? Y / N How often? _____

How many times have you quit? _____ Year _____

If you are experiencing pain, please indicate with an X on the following figure.



“I understand that holistic therapies, Massage/bodywork, Hypnosis or sound healing, Reiki, Intuitive Readings, are being given for the well-being of my mind and body. Intuitive Readings are for entertainment only. I understand that the practitioners do not diagnose illness, disease or any physical or mental disorders, nor do they prescribe medical treatment or pharmaceuticals. I also state and affirm that I have informed the practitioner of all health issues that I am aware of and I will update the practitioner of any changes in my health status. I understand that there shall be no liability on the Practitioners part should I (the client) fail to do so.” “I acknowledge that this treatment, is not a substitute for medical examination or diagnosis, and I will see my primary care provider for that service.”

“I understand that any illicit or sexually suggestive remarks or advances made by me (the client) will result in immediate termination of the session.” And I am responsible for the full payment of the session after termination.”

“I understand that as a result of utilizing services at 321 Hypnosis and Massage Center, I will be added to an email list to receive specials and I have the option of opting out if I am no longer interested. “

“I understand that payment is due at the time of treatment.” “Regardless of desired outcome, I am committed to payment of services rendered”, “I agree to give at least 24 Hours’ notice if I cannot attend my intended appointment, or I will be financially responsible for the session time.”

Signature _____ DATE: _____