|  |  |  |  |
| --- | --- | --- | --- |
| Intuitive Minds Wellness- Client History | | | |
| Name: | Age: | | Email: |
| Address: | | | |
| Phone(s): | | | |
| Marital Status: | Children: Yes or No | | If so, how many? |
| Reason for Seeking Hypnosis? | | | |
|  | | | |
| List psychotherapy, other counseling, or alternative therapies you have received: | | | |
|  | | | |
|  | | | |
| Medical History (Describe Pertinent Information): | | | |
| Describe Current Health: | | | |
| List Current Medications: | | | |
| Are you in physical discomfort now? | | | |
| Have you been hypnotized before? If so, please describe your experience: | | | |
|  | | | |
|  | | | |
| Describe your expectations of hypnosis: | | | |
|  | | | |
|  | | | |
| Describe the most peaceful place you can think of: | | | |
|  | | | |
| Comments/Questions: | | | |
|  | | | |
| I understand that good and lasting results may require several hypnosis sessions and that I may be required to practice self-hypnosis techniques and/or listen to a reinforcement recording at home. Further, I understand that I am responsible for actively cooperating with and participating in the success of my program, and that I may be referred elsewhere for treatment if deemed appropriate. I understand that all comments, findings, and results about me are kept strictly confidential. | | | |
| Signature: | | Date: | |