MAINE HYPNOSIS, LLC
THERAPEUTIC HYPNOTHERAPY

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Hypnotherapy Intake Form

The purpose of this questionnaire is to obtain a comprehensive picture of your background. The information in this questionnaire will assist me in maximizing your time and the quality of your session. This information will not be disclosed to anyone without your written permission and case records are strictly confidential. Only complete the questions necessary for your individual goals and if you do not care to answer, simply write N/A.

Name: _____

Address: _____

Date of birth: _____

Phone: _____

Email: _____

Marital Status: _____

By whom were you referred? _____

Have you ever been hypnotized before? If so, please describe your experience:

_____

_____

_____

_____

State in your own words the nature of your main problems and their duration:

_____

_____

_____

_____

Give a brief account of the history and development of your complaints (from onset to present):

_____

_____

_____

_____

Are you currently or have you in the past, been under the care of any mental health services? If so, please explain below:

_____

_____

_____

_____

_____

Are you currently or have you in the past, been under the care of a physician for any medical conditions? If so, please explain below:

_____

_____

_____

_____

What prescriptions or medications are you currently taking, please list:

_____

_____

_____

Below are some examples of Character Traits. Please review them, and in the area provided write the ones that most apply to you. Feel free to use your own words in addition.

Values, Morals and Beliefs Character Traits:

☐ Honest	☐ Brave	☐ Compassionate	☐ Leader
☐ Courageous	☐ Unselfish	☐ Loyal	☐ Hard-working
☐ Independent	☐ Selfish	☐ Responsible	☐ Considerate
☐ Self-confident	☐ Humble	Other_____	Other_____
Other_____	Other_____	Other_____	Other_____

Physical and Emotional Character Traits:

☐ Poor	☐ Rich	☐ Strong	☐ Tall
☐ Dark	☐ Light	☐ Handsome	☐ Pretty
☐ Ugly	☐ Messy	☐ Gentle	☐ Wild
☐ Joyful	☐ Busy	☐ Patriotic	☐ Neat
☐ Popular	☐ Successful	☐ Short	☐ Prim
☐ Proper	☐ Dainty	☐ Able	☐ Fighter
☐ Tireless	☐ Plain	☐ Expert	☐ Imaginative
☐ Conceited	☐ Mischievous	Other_____	Other_____
Other_____	Other_____	Other_____	Other_____

Personality Character Traits:

☐ Demanding	☐ Thoughtful	☐ Keen	☐ Happy
☐ Disagreeable	☐ Simple	☐ Fancy	☐ Plain
☐ Excited	☐ Studious	☐ Inventive	☐ Creative
☐ Thrilling	☐ Intelligent	☐ Proud	☐ Fun-loving
☐ Daring	☐ Bright	☐ Serious	☐ Funny
☐ Humorous	☐ Sad	☐ Lazy	☐ Dreamer
☐ Helpful	☐ Simple-minded	☐ Friendly	☐ Adventurous
☐ Timid	☐ Shy	☐ Pitiful	☐ Cooperative
☐ Lovable	☐ Ambitious	☐ Quiet	☐ Curious
☐ Reserved	☐ Pleasing	☐ Bossy	☐ Witty
☐ Energetic	☐ Cheerful	☐ Smart	☐ Impulsive
Other_____	Other_____	Other_____	Other_____

Present interest, hobbies and activities:

_____

_____

_____

_____

_____

Abilities; strengths and weaknesses:

_____

_____

_____

_____

_____

List five main fears, if applicable:

1 _____

2 _____

3 _____

4 _____

5 _____

In what areas of the family is there compatibility?

_____

_____

_____

_____

_____

_____

In what areas is there incompatibility?

_____

_____

_____

_____

How many children do you have? Please list their sex and age.

_____

_____

_____

_____

Father: _____

Living or deceased? _____

If deceased, your age at the time of his death? _____

Cause of death?_____

Mother: _____

Living or deceased? _____

If deceased, your age at the time of her death? _____

Cause of death? _____

Give an impression of your home atmosphere (i.e., the home in which you grew up). Mention state of compatibility between parents and between parents and children, siblings, etc.

_____

_____

_____

_____

_____

_____

Give a description of any religion or spirituality in your upbringing.

_____

_____

_____

_____

If you were not brought up by your parents, who were your primary caretakers, and between what years (ages)?

_____

_____

_____

_____

Has anyone (parents, relatives, friends, co-workers) ever interfered in your marriage, occupation, etc.?

_____

_____

_____

_____

Who are the most important people in your life and why?

_____

_____

_____

_____

_____

_____

_____

_____

_____

In your own words, please discuss your greatest achievements – personal, academic, etc.

_____

_____

_____

_____

_____

_____

_____

Please complete the following:

I am_____

_____

_____

Please complete the following:

I feel _____

_____

_____

I wish_____

_____

_____

I think _____

_____

_____

Signature_____ Date:_____

Printed Name: _____