

# TRANSITIONAL HYPNOSIS

*Hypnosis, For A Change*

## Client Intake Form

CONFIDENTIAL CLIENT INTAKE FORM

Please Print Clearly

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: Home (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M\_\_\_ F\_\_\_

Marital Status: S\_\_\_ M\_\_\_ D\_\_\_ W\_\_\_

**Contact Lens:** During hypnosis your eyes will be closed for about 45 minutes. If your contacts will cause eye irritation, remember to bring lens holder and solution so you can remove them just before hypnosis.

**Do you have a hearing problem?** \_\_\_\_\_ Please tell me so I can position you for optimal hearing. If you normally wear a hearing aid, please use it as you will have your eyes closed and will not be able to lip-read during a session.

**How did you hear about me?** \_\_\_\_\_ If referred by someone, may I send him or her a thank you note? \_\_\_\_\_ Their name and address if known: \_\_\_\_\_

**Your primary reason or goal for today's session:**

\_\_\_\_\_

**Other problems or goals, which may possibly be included with today's session or in a future session:**

\_\_\_\_\_

**How will your life be different when you reach your goal?**

\_\_\_\_\_

**Do you have difficulty with any of the following?** \_\_\_ Ability to get to sleep; \_\_\_ Quality of sleep; \_\_\_ Self-esteem; \_\_\_ Self-confidence; \_\_\_ Attitude or outlook on life; \_\_\_ Energy level; \_\_\_ Stress level; \_\_\_ Other \_\_\_\_\_.

**If stress plays a role in your problem:** Is the source of stress known? \_\_\_\_\_

Do you think caffeine or other stimulants contribute to your situation?

\_\_\_\_\_

Do you think alcohol or other drugs contribute to your situation?

**Please complete the following as applicable:**

Are you under the care of a physician now? \_\_\_\_\_

Dr. Name \_\_\_\_\_

Significant current health problems:

\_\_\_\_\_

List any significant past health or mental health problems and year—if you feel important for me to know:

\_\_\_\_\_

Are you currently under the care of a mental health professional?

Name: \_\_\_\_\_

**Have you been diagnosed with any of the following?** Seizure disorder \_\_\_\_; Obsessive Compulsive disorder \_\_\_\_; Depression \_\_\_\_; Schizophrenia \_\_\_\_; Bipolar or manic-depressive \_\_\_\_; Post-traumatic-stress syndrome \_\_\_\_; Diabetes \_\_\_\_.

Details of any yes answers:

**Do you have any fears or phobias that interfere in your life?**

**NOTE: THE SERVICES I OFFER ARE NOT MEANT TO BE SUBSTITUTES FOR PSYCHOLOGICAL OR PROFESSIONAL COUNSELING. HYPNOSIS IS NOT TALK THERAPY. IF YOU HAVE AN ONGOING MENTAL HEALTH PROBLEM, PLEASE CONSULT A PROFESSIONAL LICENSED BY YOUR STATE.**

**I may make general references to a higher power, creative force, or universal force. Is that OK or do you have other preferences?**

\_\_\_\_\_

**Have you ever been hypnotized before? \_\_\_\_\_ When: \_\_\_\_\_**

**Why: \_\_\_\_\_ Group or Individual? (circle)**

**Was it helpful? \_\_\_\_\_ How long? \_\_\_\_\_ What did you like or dislike about it?**

\_\_\_\_\_

**Please share anything else that would be helpful to know about you, (i.e., recent lifechanging events such as deaths, divorce, relationships, job changes, health issues, past abuse, etc.) The better I know you, the more I can personalize your individual session.**