

**Dr. A.V. Badalamenti**  
**NYS Certified Hypnotherapist**  
**1825 Bellmore Avenue**  
**N. Bellmore, NY 11710**

**Tel: 516-781-2300**  
**Fax: 516-781-3865**  
[www.hypnosisbyDrB.com](http://www.hypnosisbyDrB.com)

### **INTAKE FORM - Lost Item**

Date: \_\_\_\_\_ E-Mail:(*Print clearly*) \_\_\_\_\_ Referred by \_\_\_\_\_

Name: \_\_\_\_\_ Preferred \_\_\_\_\_ DOB: \_\_\_\_\_ Rt.- Lt. Handed \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home/Bus) \_\_\_\_\_ (Cell) \_\_\_\_\_ Height \_\_\_\_\_ Wt. \_\_\_\_\_

Occupation \_\_\_\_\_ Medication and/or Drug use? \_\_\_\_\_

Describe your health (past and present) \_\_\_\_\_

Have you ever been under hypnosis before? Yes( ) No( )

Describe your peaceful place: (beach, lake, park etc.) \_\_\_\_\_

**Describe the lost item** \_\_\_\_\_

Who was the last person to see the item? \_\_\_\_\_

Who was the last person to handle the item? \_\_\_\_\_

What have you tried to resolve this issue if anything? \_\_\_\_\_

I understand that good and lasting results may require several hypnosis sessions, and that I may be required to practice self-hypnosis and/or listen to a reinforcement recording between sessions at home. I am responsible for actively cooperating with, and participating in my program. Dr. A.V. Badalamenti, Certified Hypnotherapist, shall not be held accountable for the results I attain. I understand that I may be referred elsewhere for proper treatment if and when necessary and that my program may be terminated if deemed appropriate. I have read and understand the client bill of rights and acknowledge that all information about me will be kept confidential.

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

GUARDIAN SIGNATURE (IF UNDER 18 YEARS OF AGE) Date: \_\_\_\_\_

(Print) \_\_\_\_\_ Signature: \_\_\_\_\_