

Dr. A.V. Badalamenti
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INTAKE FORM

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

Name: _____ Preferred _____ DOB: _____ Rt.- Lt. Handed _____

Address: _____ Town _____ State _____ Zip _____

Tel. (Home/Bus) _____ (Cell) _____ Height _____ Wt. _____ Fav. Color _____

Marital Status: M S D W List children, ages & names: _____

Occupation _____ Parent's names: _____

Name of (spouse/partner) _____ Name(s) of siblings _____

Emerg. Contact & # _____ Grand Children _____

Any health issues (past and present) _____

Medication and/or Drug use? _____ Vitamins? Yes _____ No _____

Issue/s (reason for your appointment today) _____

Exercise? _____ (if yes how often) _____ Drink? _____ Smoke? _____

Any Psychotherapy, counseling, or alternative therapies you've received? Yes No
Please describe type of therapy: _____

Do you sleep well? Yes No (explain) _____

History of seizures? No Yes ---- Any physical discomfort? _____

Other Fears / Phobias? No Yes (list) _____

Any hobbies - sports etc.? No Yes _____

Any stress in your life? No Yes (explain) _____

Any tragedy in your lifetime? No Yes (explain) _____

If appropriate, may I consult your physician/therapist? Yes No
(Please provide name, address, and phone of treating physician/therapist) _____

Have you been hypnotized before? No Yes (how long ago & number of times) _____
Describe session: _____

What have you heard about hypnotherapy or hypnosis?_____

Describe your **peaceful place**:(beach, lake, park etc.) _____

Do you consider yourself as a spiritual person or believe in a higher power? No Yes _____

List your life's accomplishments, education and anything you're proud of -- no matter how insignificant you may think it is:

[illegible]

When were you the proudest of yourself?

What have you tried to resolve your 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: _____