

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

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(s) _____

Who was the last person to see or handle the item? _____

Where is the item(s) usually kept? _____

Where was the item(s) seen last? _____

What have you done to try and locate it? _____

I understand that good and results may require several hypnosis sessions, depending upon the issue at hand 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: _____