

# Client Intake Form

Lucid Bliss Hypnosis

Please complete this form (All information is strictly confidential)

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Last Name (please print), First Name Middle Initial

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Street Address City State Zip

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Work Telephone # Cell # Home #

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Birth Date Email Address

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M / F

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Sex Marital Status Occupation

Have you ever been treated for an emotional problem? **Yes No**

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been treated for: (circle) **Diabetes - Epilepsy - Heart Disorder - Digestive Problems**

Have you ever been hypnotized before? **Yes No**

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

What do you want to accomplish through the use of hypnosis? \_\_\_\_\_  
\_\_\_\_\_

Any previous efforts to solve this problem? **Yes No**

Results? \_\_\_\_\_

How did you hear about us? (circle all that apply)

**Medical Referral - Relative - Friend - Newspaper - Radio - Television - Phone Book**

**Other:** \_\_\_\_\_

Do you have any fears or phobias? \_\_\_\_\_

I am willing to be guided through relaxation, visual imagery, creative visualization, hypnosis, and stress reduction processes and techniques for the purpose of vocational or avocational self-improvement. I understand that the hypnotherapy I am receiving is not a substitute for normal medical care and I have been advised to discuss this hypnotherapy with any doctor who is taking care of me now or in the future. Additionally, I should continue any present medical treatment and consult my regular medical doctor for treatment of any new or old illnesses.

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

Name I like to be called: \_\_\_\_\_