

Hypnosis Client Intake Form

NAME _____ **DOB** _____

ADDRESS _____

EMAIL _____

PHONE: CELL _____ **HOME** _____ **WORK** _____

OCCUPATION _____

RELATIONSHIP STATUS (circle one): Single / Not Single **CHILDREN:** Y / N

REASON FOR APPOINTMENT _____

HOW DID YOU HEAR ABOUT US? (circle one)

FRIEND / RELATIVE / COWORKER / SOCIAL MEDIA / WEBSITE / PHYSICIAN

DESCRIBE CURRENT HEALTH _____

SLEEP WELL? Y / N

AVERAGE HOURS OF SLEEP PER DAY _____

DO YOU HAVE FEARS OR PHOBIAS? Y / N

If yes, explain _____

ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN? Y / N

If yes, explain _____

CURRENT MEDS

IF APPROPRIATE, MAY I CONSULT YOUR PHYSICIAN OR THERAPIST? Y / N

Please provide name, address, phone): _____

ARE YOU IN ANY PHYSICAL DISCOMFORT NOW? Y / N

If yes, explain _____

ALTERNATIVE THERAPIES YOU'VE RECEIVED:

Psychotherapy, Counseling, Acupuncture, Acupressure, Reiki,

Other _____ HAVE YOU BEEN HYPNOTIZED BEFORE? Y / N

If yes, describe _____

WHAT ARE YOUR EXPECTATIONS OF HYPNOSIS? _____

DESCRIBE A PEACEFUL OR NEUTRAL PLACE FOR YOU: _____

ARE YOU A SPIRITUAL OR RELIGIOUS PERSON? Y / N

DO YOU HAVE A FAVORITE OR CALMING COLOR? _____

ANYTHING ELSE I SHOULD KNOW TO BE HELPFUL TO YOU?

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 daily between sessions at home. I am responsible for actively cooperating with, and participating in my program. Sage Way Wellness, LLC/ Kellie S-Hurrell shall not be held accountable for the results I attain. I understand that I may be referred elsewhere for proper treatment and that my program may be terminated if deemed appropriate. I have read the client's bill of rights, and I understand that all information about me will be kept strictly confidential.

SIGNATURE _____ **DATE** _____

SAGE WAY WELLNESS

Kellie S-Hurrell, Certified Consulting Hypnotist

(585) 331-7697

kellieshurrell@sagewaywellness.com

www.sagewaywellness.com