

Client Pre-Treatment Survey

Reason for seeking therapy _____

Please describe your current symptoms _____

Have you seen a psychotherapist in the past? Yes ____ No ____

Outcome _____

Have you seen a hypnotherapist in the past? Yes ____ No ____

Outcome _____

Have you ever been hospitalized for psychological and/or drug and alcohol problems?

Yes ____ No ____ If Yes, Please indicate where, when and why _____

Are you currently taking medication for any physical or psychological condition?

Yes ____ No ____ If Yes, please specify the name of medication, the dosage, when started

Have you ever attempted suicide? Yes ____ No ____ If Yes, please indicate the year, how the attempt was made _____

Do you currently have suicidal thoughts? Yes ____ No ____ Do you have currently homicidal thoughts? Yes ____ No ____

Do you have a history of addiction? Yes ____ No ____

If yes, please describe _____

Is there a family history of addiction? Yes ____ No ____

If yes, please describe _____

Signature: _____ **Date:** _____
