Jayne Arrington
CHT, Hypnotherapist

Mind's Eye
Transformational Coaching

352-540-1568
JEAMindBodySpirit@gmail.com

GENERAL INTAKE FORM

PERSONAL INFORMATION

Name_____ Today's Date _____

Date of Birth_____ Age_____

Address_____

City/State_____ Zip _____

Cell Phone (_____) _____ Other Phone (_____) _____

Email_____

___ Male ___ Female ___ Single ___ Married ___ Divorced ___ Partnered ___ Widowed

Emergency Contact _____ Relationship _____

Phone _____

How did you hear about this service _____

EMPLOYER/PLACE OF BUSINESS

Employer _____ Occupation_____

Business/Employer's Address _____

REFERRING ENTITY

Were you referred by an individual and/or client? ____ Yes ____ No

Referring Party's Name _____

Were you referred by a Physician? ____ Yes ____ No

Physicians Name _____ Phone # _____

Written referral is attached ____ Yes ____ No

PHYSICIAN'S INFORMATION

Physicians Address _____

Primary Reason for the Referral _____

I am including a hard copy of the referral ____ Yes ____ No

Note: Referrals from physicians for medical reasons of any nature must be accompanied by a written statement/ referral from the referring physician.

HEALTH HISTORY

Primary Physician _____ Phone # _____

Are you currently under the care of a mental health professional? ____ Yes ____ No

Have you ever been diagnosed with any of the following? ____ Seizure Disorder ____ Depression

____ Obsessive-Compulsive Disorder ____ Bi-Polar or Manic Depressive ____ Schizophrenia

____ Post Traumatic Stress Disorder ____ Diabetes ____ Parkinson's Disease ____ Brain Injury

____ Alzheimer's Disease or Dementia

List any medical, mental and emotional conditions, history, and medications you feel are relevant. Please feel free to add additional pages with this information if you need to.

_____

_____

_____

_____

Do you use prescription pain medications? ____ Yes ____ No - List any you currently use and how often.

_____

Do you wear contact lenses? ____ Yes ____ No

Note: During hypnosis your eyes will be closed for approximately 45 to 60 minutes. If you think your contacts will cause any eye irritation, please bring any personal accessories to address this need.

Do you have a hearing problem? ____ Yes ____ No

Note: If yes, do let me know so I can position our session for you to have optimal hearing.

Current Weight _____ Target Weight _____

Do you drink alcohol? ____ Never ____ Once a month ____ A few times a week ____ Daily

Do you smoke cigarettes? ____ Never have ____ Former smoker: I quit _____

____ I am a light smoker - I smoke _____ cigarettes per day

____ I am a heavy smoker - I smoke _____ cigarettes per day

At what age did you start smoking? _____

Do you use any recreational drugs? ____ Yes ____ No - List any recreational drugs you use and how often.

_____

Do you have difficulty sleeping? Either falling asleep or waking up frequently? ____ Yes ____ No

Please explain _____

_____

What do you do to handle tension and stress?

_____

_____

Have you had any recent major life changes? ____ Yes ____ No

____ Divorce or Partner Dissolution ____ Death of a close loved one ____ Job changes

____ Moved your residence ____ Personal Injury or major illness ____ Marriage ____ Retirement

____ Catastrophic financial losses ___ Catastrophic events

If so, please explain _____

_____

_____

Does this have anything to do with your current challenge? ____ Yes ____ No

If stress plays a role in this issue, is the source of the stress known to you? ____ Yes ____ No

What is the stress source if known? _____

_____

Does caffeine or any other stimulants contribute to the problem? ____ Yes ____ No

What are the stimulants? _____

Are alcohol or drugs a contributor? ____ Yes ____ No

If so, what are they? _____

Do you have any specific fears or phobias? (ex, water, heights, snakes, etc.)

_____

_____

FAMILY DATA

Children - How many? ____ Sons ____ Daughters Ages _____

Grandchildren - How many? _____

In my significant personal relationships with others, I am ____ Very Happy ___ Satisfied
____ Somewhat Satisfied ____ Mostly Satisfied ____ Unsatisfied

In reference to the issue(s) I am working on, I think that my significant relationships will support my need to make the changes I am seeking to make. ____ Yes ____ No
Please Explain _____
_____

TRANSFORMATIONAL COACHING

What is your primary reason for seeking transformational coaching? What problem/issue(s)/challenge(s) do you wish to address?

_____
_____
_____

Check any challenges you would like to address that are related to the present topic either now or in a future session.

___ Smoking Cessation
___ Stress Management
___ Overall Wellness
___ Anger
___ Weight
___ Relationships
___ Substance Use/Abuse
___ Blocks to Progress
___ Anxiety
___ Employment /Work Challenges
___ Focus & Concentration
___ Motivation
___ Self-Esteem/Self Confidence
___ Sleep Issues
___ Life Purpose
___ Abuse
___ Trauma
___ Dreams
___ Attitude
___ Energy Level
___ Overcoming Procrastination
___ Attaining Peak Performance

—— Study Skills & Test Taking

—— Fear or Apprehension

___ Sports Performance Enhancement

___ Success Consciousness

___ Overcoming Sadness/Grief

___ Hypnobirthing

___ Increasing Productivity

___ Opening Creative Blocks

___ Goal Setting

___ Nail Biting

___ * Pain Control - Physician referral required

___ * Medical Issue - Physician referral required

Other:_____

What are your 3 most important concerns regarding this issue? Are there limiting factors or beliefs?

1) _____

2) _____

3) _____

In working with this topic list 3 things you hope to achieve?

1) _____

2) _____

3) _____

Anything else? _____

How will you know when you have achieved success with this challenge? In what ways will your life change and/or be different?

_____

_____

Have you made any previous attempts to address this challenge? ____ Yes ____ No

If yes, what methods have you used and what were the results?

_____

_____

_____

HYPNOTHERAPY HISTORY

Have you ever been hypnotized before? ____ Yes ____ No

If yes, what was the focus/issue you worked on?

_____

What were the results?

_____

_____

What did you like? What did you not like?

_____

_____

NLP - Neuro Linguistic Programming History

Have you ever used any tools or methods from NLP? ____ Yes ____ No

If so, what was your experience? _____

_____

Religious/Spiritual Preference _____

Do you have any objections if I make a general reference to a higher power, creative or universal force during your session? ____ Yes ____ No

Name your 3 favorite colors 1 _____ 2 _____ 3 _____

Describe your favorite place in nature _____

_____

_____

I understand that all statements contained herein are true statements to the best of my ability. I understand that Hypnosis is NOT to be used to replace proper medical care and advice from licensed medical care professionals. I am aware and understand that "Mind's Eye," Jayne Arrington, is NOT a licensed medical practitioner, and that she does not diagnose or treat any medical conditions. I have read, understand, accept and signed the following forms which accompany this "General Intake" form, Consent & Release of Liability, Transformational Coaching Sessions General Information, VAK Intake, Transformational Coaching Packages & Payment Information, and any additional supplemental forms specific to my reasons for seeking support.

_____ _____

Print Name Date

_____

Signature

Mind's Eye VAK Intake

Please read the following story and answer the questions below.

"As you look up at the sky you can see shades of blue behind white puffy clouds, and the beauty of this vision makes you smile. The brilliant, shining sun is behind you and you can feel the warmth on your back and your arms. You can hear birds sounding off in the distance, their gentle chirping is a delight to your ears. There is a gentle breeze that begins to blow rustling the leaves in the trees and swishing the tall grasses in the field in front of you. In the distance there is a forest, thick and lush, and as you begin walking toward it, your pulse quickens,: you know there is something exciting waiting for you at the edge when you arrive. As you get closer and closer to the forest's edge, you are sure you hear a stream of water rushing and cascading, and the gentle chirp of the birds becomes a bit louder. The sounds are soothing, welcoming and inviting. Your pace slows a bit as you now realize that you are walking barefoot on soft, cool and lush, green grass. You take your time looking around, mentally recording everything you see. You listen to the sounds and feel the essence of this journey. Now at the forest's edge, you marvel at how tall and green the trees look and how beautiful the glistening, sparkling stream is to behold before your eyes. You feel an urge to climb the short stone wall in front of you, to feel the coolness of the stones on your hands. As you get closer to the stream, you can feel the light spray of water in the air, and you imagine dipping your feet into its cool waters.

_____

Which sentence are you most in rapport with? Rank from 1 to 3, with 1 being the highest to 3 being the least. There is no right or wrong answer.

_____ *"You can hear birds sounding off in the distance, their gentle chirping is a delight to your ears. As you get closer and closer to the forest's edge, you are sure you hear a stream of water rushing and cascading, and the gentle chirp of the birds becomes a bit louder."*

_____ *"You take your time looking around, mentally recording everything you see. Now at the forest's edge, you marvel at how tall and green the trees look and how beautiful the glistening, sparkling stream is to behold before your eyes."*

_____ *"You feel an urge to climb the short stone wall in front of you, to feel the coolness of the stones on your hands. As you get closer to the stream, you can feel the light spray of water in the air, and you imagine dipping your feet into its cool waters."*

Rate each one of these on a scale from 1 to 10. 1 being the lowest, 10 being highest.

_____ I am mostly creative

_____ I am mostly logical

_____ I am mostly social

_____ Things are pretty much black and white

_____ Common sense will generally prevail

_____ There are a lot of grey areas

_____ There are always different perspectives

_____ There is always a right way and a wrong way