INTAKE FORM

Full Name: ________________________________ Date: ______________________

Email: ________________________________ Phone: ______________________

Address: ____

City: _____________ Province: ________ Postal Code: __________________

Age: _____________ Birth Date (mm/dd/yyyy): _____________________________

Identify As: ☐ Female ☐ Male ☐ Transgender ☐ Other____________

Profession: _______________________________ Remote (Y/N): __________________

Previous Hypnosis: ☐ Yes ☐ No Purpose: _____________________

Results: ____

Relationship Status: ☐ Married ☐ Divorced ☐ Common Law ☐ Single ☐ Other

Children: ☐ Yes ☐ No Pregnant: ☐ Yes ☐ No ☐ N/A

Mental Health

Diagnoses: ☐ Bipolar Disorder ☐ Schizophrenia ☐ Anxiety ☐ PTSD

☐ Depression ☐ Epilepsy ☐ OCD ☐ BPD

☐ Other ____

Current Medications: ____

Hypnosis Target

☐ Relationships ☐ Smoking ☐ Nail-Biting ☐ Alcohol ☐ Sleep ☐ Anger

☐ Weight Loss ☐ Pregnancy/ Childbirth ☐ Stress ☐ Motivation ☐ Anxiety

☐ Medical Issue ☐ Fears and Fobias ☐ Studying ☐ Memory Loss

☐ Mental Health ☐ Drugs ☐ Manifest ☐ Other _________________________

☐ Pain (Explain) ____