772-360-0719
nangamaihypnosis@gmail.com

Nanga-Mai Hypnosis

Client Intake Form

Date:_____/_____/_____

Name:_____Phone:(_____)_____

Address:_____City:_____State:_____Zip:_____

Email Address:_____

How did you hear about us?_____

Medical and Emotional History

Which of the following are you currently experiencing/have experienced in the last 90 days as it applies to your ***physical health***? Please check all that apply.

_____ Allergies	**_____Body Aches**	**_____Body Pain**
_____ Diabetes	**_____ Epilepsy**	**_____ Flushing/Blushing**
_____ Headaches	**_____ Hearing Problems**	**_____ Heart Problems**
_____ IBS	**_____ Low Energy**	**_____ Migraines**
_____ Nail Biter	**_____ Smoker**	**_____ Unexplained Pain**

***Please list any additional thoughts or concerns you may have about your health.**

Which of the following are you currently experiencing/have experienced in the last 90 days as it applies to your ***fears***? Please check all that apply.

_____ Animals	**_____ Avoid Cracks**	**_____ Bridges**
_____ Birds	**_____ Body Fluids**	**_____ Bugs**
_____ Dentist	**_____ Doctors**	**_____ Dogs**
_____ Driving	**_____ Elevators**	**_____ Escalators**
_____ Flying	**_____ Frogs**	**_____ Germs**
_____ Going Out	**_____ Hate**	**_____ Heights**
_____ Highways	**_____ Intimacy**	**_____ Insects/Sting**
_____ Lightning	**_____ Lizards**	**_____ Men**
_____ Public Speaking	**_____ Not Pleasing Others**	**_____Sight of Blood**
_____ Snakes	**_____ Spiders**	**_____ Stairs**
_____ Surgery	**_____ Test Anxiety**	**_____ Water/Swimming**
_____ Women	**_____ Other***	**_____ None of the above**

***Please list any other fears or any additional thoughts you may have about your fears.**

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Which of the following are you currently experiencing/have experienced in the last 90 days as it applies to ***what you believe ails you***? Please check all that apply.

_____ **Alcohol use/abuse**
_____ **Being alone**
_____ **Closed Spaces**
_____ **Embarrass Easily**
_____ **Hair Twisting**
_____ **Highway Anger**
_____ **Impulsive Behavior**
_____ **Negative Thoughts**
_____ **Past Abduction**
_____ **Poor Memory**
_____ **Recurring Dreams**
_____ **Other***
_____ **Angry Thoughts**
_____ **Being Touched**
_____ **Depression**
_____ **Feel Inadequate**
_____ **Hear Mumbling**
_____ **Hand Washing**
_____ **Missing Time**
_____ **Nightmares**
_____ **People Too Close**
_____ **P.T.S.D.**
_____ **Skin Picking**
_____ **None of the above**
_____ **Anxiety**
_____ **Chewing Mouth**
_____ **Do/Enjoy Drugs**
_____ **Hair Pulling**
_____ **Hear Voices**
_____ **Insomnia**
_____ **Mood Swings**
_____ **Panic Attacks**
_____ **Poor Concentration**
_____ **Rambling Thoughts**
_____ **Suicidal Thoughts**

***Please list any other thoughts or any additional thoughts you may have about your mental attitude.**

Which of the following would you like to ***include in your awareness shift***? Please check all that apply.

_____ **Control Alcohol Abuse**
_____ **Control Pain**
_____ **Creativity**
_____ **Find your Joy**
_____ **Improve Energy**
_____ **Lose Weight**
_____ **Positive Thinking**
_____ **Self Hypnosis**
_____ **Sports Enhancement**
_____ **Stop Smoking**
_____ **None of the above**
_____ **Control Cancer**
_____ **Control Stress**
_____ **End Grief**
_____ **Healing**
_____ **Improve Study Habits**
_____ **Peace**
_____ **Rid Writer's Block**
_____ **Sleep Better**
_____ **Stage Fright**
_____ **Stop Test Anxiety**
_____ **Control IBS**
_____ **Control Drug Use**
_____ **Enhance Learning**
_____ **Increase Energy**
_____ **Increase Sales**
_____ **Personal Healing**
_____ **Self Confidence**
_____ **Spiritual Growth**
_____ **Stop Nail Biting**
_____ **Other***

***Please list any other desired changes or any additional thoughts you may have.**

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CONFIDENTIALITY AND CLIENT ACKNOWLEDGEMENT

I understand and acknowledge that hypnosis is not and does not replace medical treatment. Nanga-Mai Hypnosis practitioners are not medical doctors and, as such, practitioners do not diagnose conditions. Hypnosis and other modalities of healing work well in conjunction with traditional medical treatments. Nanga-Mai Hypnosis recommends seeking the advice of a medical doctor before beginning any type of treatment plan.

Nanga-Mai Hypnosis does not record sessions and keeps client data in the strictest of confidence. We do not disclose any information regarding your sessions, except in cases where we are compelled through a court order or subpoena with which we are bound to comply.

If you wish for us to discuss any details of your treatment with a referring physician or other individual, we will require your explicit consent in order to do so out of respect for your privacy.

Signature:_____**Date:**_____

Print Name:_____