

Application for Hypnotherapy Services

First Name: _____

Last Name: _____

Date of Birth: _____

Are you over 18? Yes No

Address _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Sexual Orientation? _____

Gender Identity? _____

Name and phone number of emergency contact: _____

How did you hear about my services? _____

Have you been hypnotized before? Yes No

If yes by whom? _____

List any prescribed medications you are taking:

Are you currently, or have you ever been under the care of a mental health therapist or counselor?

Are you being treated for any mental health conditions? Yes No

If yes please explain:

What is your presenting issue?

How do you think hypnotherapy can help you?

Is there anything else you would like me to know?
