



INTAKE SHEET FOR MINOR

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Date: _____, 2017

Name of Client: _____ Date of
Birth _____

Address: _____

Parent/Guardian Name: _____ Relationship to
Child _____

Telephone Number(s) Cell: _____ Home: _____

Parent/Guardian Email : _____

How would you like to receive future appointment reminders: email _____ text _____
voicemail _____

How did you find us? _____

What do you expect your child to achieve from the session(s)

Is your child under the care of a physician for this current condition? If yes, please give
details:

Does your child take any medication(s)?

Describe current health of child:



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Has your child ever been hypnotized? If yes, what was his/her experience(s)_____

Describe any fears or phobias your child may have:_____

What would feel like a safe place to your child?

Does your family practice any specific religion? If yes, what religion?

Does your child believe in God?_____, if yes, in what form?

Does your child believe in angels? _____

What makes your child happy?_____

What are your child's favorite things?_____

Is there anything I should know about your child that would help me to understand what his/her goal(s) is/are with hypnosis?



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I understand that good and lasting results may require several hypnosis sessions, and that my child may be required to practice self-hypnosis and/or listen to a reinforcement recording between sessions. I am responsible for cooperating with, and participating in my child's program. The certified hypnotist shall not be responsible or held accountable for the results my child attains from the hypnosis sessions. I understand my child may be referred elsewhere for proper treatment, and that my child's program may be terminated if deemed appropriate. I have received and read the Client Bill of Rights and I understand that all information about my child will be kept strictly confidential.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature:

Date: _____