



INTAKE SHEET
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Date of Session: _____, 2018

Name: _____

Date of Birth: _____ Current Age: _____

Address: _____

Telephone Number(s) Home: _____

Cell: _____

Email: _____ @ _____

How do you wish to communicate with me for appointment reminders and follow up:

Email _____ Cell Voice _____ Cell Text _____

Occupation: _____

Marital Status: _____ Children? _____

How did you find us: _____

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What is the main goal you would like to achieve with the work of hypnosis?

PLEASE LIST AT LEAST 5 BENEFITS TO ACHIEVING YOUR GOAL:

1. _____
2. _____
3. _____
4. _____
5. _____

Do you feel that you have family support in your decision to seek self-improvement through the work of hypnosis? _____

Are you under the care of a physician for this current condition? _____

Do you take any medication(s) for this current condition? _____

Describe current health: _____

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Have you ever been hypnotized? If yes, what was your experience(s) _____

Describe any fear or phobias you may have: _____

Where is a peaceful place for you: _____

Favorite color _____ Favorite smell _____

Would you describe yourself as a spiritual person? _____

Do you believe in God, God Source, Universal Energy, a Creator, a Higher Power? _____

If yes, in what form? _____ (person, an energy, a thought form, etc)

Do you believe in Angels? _____ Do you believe in spirit guides? _____

Are you a visual person? _____ (can you see material objects in your mind when you think of them?)

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

Although I do not anticipate an emergency as hypnosis is a safe and comfortable experience, it is always good to have an emergency contact.

In case of an emergency please contact:

Name: _____ Relationship _____

Cell Phone Number: _____

The undersigned that he/she is at least 18 years of age and that he/she understands that good and lasting results may require several hypnosis sessions, and that he/she may be required to practice self-hypnosis and/or listen to a reinforcement recording between sessions. That he/she is responsible for cooperating with, and participating in his/her program. The certified hypnotist shall not be responsible or held accountable for the results he/she attains from the hypnosis sessions. He/She understands that he/she may be referred elsewhere for proper treatment, and that his/her program may be terminated if deemed appropriate. The undersigned has read the Client Bill of Rights and understands that all information about her/him will be kept strictly confidential.

Signature: _____

Date: _____, 20_____