This form is to be completed before the initial session Date: Phone: Other Phone: Name: City: State: Zip: Address: Date of birth: ______Sex:_____Marital Status:_____ Occupation: Number of children: How did you hear about me? If referred, who referred you?_____ Have you received services in consulting hypnotism prior to this appointment? What changes do you want to happen?_____ Previous attempts to address the issue: Are you currently diagnosed and/or undergoing medical or psychological treatment for the issue? If so, where? Treatment Provider's Name:_____ Are you currently receiving counseling for emotional problems?_____ Are you currently taking any medications?_____ Have you every been treated for issues with any of the following: Heart, Epilepsy, Chronic Pain, Prolonged Illness? Do you have any questions or concerns about hypnosis/consulting hypnotism?_____ Is receiving consulting hypnotism services your decision?_____

Client Signature:______Parent/Guardian Signature______(Parent/Guardian Signature is required if client is under 18 years old.)

If so, which number do you prefer to be contacted by?_____

*By signing, the client (and parent/guardian) acknowledges that all the information provided on this form is truthful and to the best of their knowledge. All information exchanged between the client and hypnotist is confidential, unless the information reveals possible child abuse or neglect that the hypnotist is mandated to report. Some clients may need a referral before receiving clinical hypnosis if they are currently receiving treatment from a licensed medical professional or psychologist. I am not a doctor and do not diagnose or prescribe. I am a Certified Hypnotist. I work with both the conscious and subconscious mind to help people make changes to their thinking, emotions, behaviors, and reactions.

Does anyone else want you to receive consulting hypnotism services?______

Is it okay to call regarding an upcoming appointment or follow-up?______