



Y.Q. Hypnotherapy and Life Coaching LLC

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602 698 7447

Intake Form

Client Name _____ Date _____

Address _____ City/State _____ Zip Code _____

Phone number _____ Alt Phone _____

Email address _____

Emergency Contact/Relationship _____

Emergency contact phone number _____

Primary Care Physician _____

Do you have any medical conditions?

Please list any medications:

Do you have any fears or phobias?

Have you had hypnotherapy before?

Reason for visit/goal?

By signing below, I agree to be hypnotized. I have been informed of the benefits of hypnotherapy, and I understand that results may vary and are not guaranteed. I also understand that hypnotherapy is not a medical practice, and that I will consult my physician for medical advice.

Client name _____ Date _____