

Client Welcome Questionnaire

Full Name: _____ Today's Date: _____

Cell Phone: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____ Gender: M__ F__ Occupation: _____

Marital Status: Single__ Married__ Re-married__ Separated__ Divorced__ Widowed__

Email _____

Emergency Contact _____ Phone _____

Issue Identification & background.

What do you hope to achieve with Hypnotherapy (Hypnosis)?

- _____
- _____
- _____
- _____

Give a brief account of the history and development of the issue(s) (from onset to present):

- _____
- _____
- _____

Do you have any fears? Water__ Heights__ Elevators__ Flying__ Driving__ Public Speaking__
Bridges__ Stairs__ Insects__ Snakes__ Any other phobias or fears: _____

Were you ever bullied: _____

Why are you seeking help now? _____

Prior Experience with Hypnotherapy Yes __ No __ Was it successful? _____

Health and Medical History

Are you now, or have you been under a doctor's or other licensed health professionals' care in the past year?

Yes__ No__ If yes please explain: _____

Do you suffer from Epilepsy or any other type of seizure? Yes__ No__ Date of last seizure: _____

List any medications you are taking: _____

Have you ever had counseling or therapy? Yes __ No __ How successful was it? _____

How are your sleeping patterns: _____

Modalities (ways you are, experience or express) – Expression, feeling and communication styles

Do you have a religious or spiritual background: _____

What are your 3 favorite colors: _____

Do you meditate, perform yoga or other similar practices? _____

Complete the following sentences (Identifying beliefs, NLP Pgs 236):

I am _____

People Are _____

Life is _____

Are there topics, issues, life experiences, etc. you do not wish to visit while in hypnotherapy or hypnosis:

Rank these 5 things in order of most important (1) to least important (5):

- People _____
- Information _____
- Things _____
- Activity _____
- Location _____

Domain Preferences and content (NLP Pgs 245-248)

Have you ever been physically, sexually or emotionally abused? If so, please explain: _____

Family and Marital Relationship History:

Family's religious/spiritual preference: _____

Relationship with Father _____

Age ____ Deceased? ____

Relationship with Mother _____

Age ____ Deceased? ____

Number and Gender of Siblings _____

Relationship with brothers/sisters: _____

Past: _____

Present: _____

Spouse/Partner's age: _____ Spouse/Partner's Occupation: _____

Spouse/Partner's personality (in your own words) _____

Circle areas where problems exist

- Children • Friends • Sex • Affairs • Communication • Work • Finances • Substance abuse • Recreation/leisure
- Religious differences • Arguments • Verbal abuse • In-laws • Physical abuse • Other _____

Children and ages with a short personality description of each (Past Life Regression): _____

Occupational Data

Present job: _____ Feelings about your job: _____

Would you like to be doing something else? If so, what? _____

Please give a short description of yourself: _____

Is there any other information/concerns you would like me to know? _____

Client Consent to Hypnosis and acknowledgement of receipt of CA SB 577 or other State Regulatory Laws.

Client Signature: _____ Date: _____