



Jessi Dawn Healing

Client Intake Form

Full Name _____ Date ____ - ____ - 20 ____

Contact Phone (____) _____ - _____ Email _____

Date of Birth ____ / ____ / ____ Age: _____

Is it okay to leave a voice message on your phone? (Circle One) Yes or No

Which method of communication do you prefer to use? Email Phone Text

Occupation? _____ Place of Employment _____

Circle all that apply: Single Married Divorced Partnered Widowed Cohabitate

Kids - How many? _____ Ages? _____

Spiritual or Religious preferences? _____

Referred By? _____ How did you hear of us? _____

Have you ever been treated for an emotional problem? Yes or No

If Yes, please explain _____

Have you ever been treated for this issue prior to your treatment today? Yes or No

If Yes, please explain _____

What other forms of therapy have you tried? _____

Have you ever tried Hypnotherapy before? Yes or No

If Yes, what were the results?

Have you ever been diagnosed with ADD or ADHD? Yes or No

Please list any relevant medical / emotional conditions, history and current medications _____

Do you partake in recreational drug use? Yes or No

If Yes, please list drug(s), frequency of use and purpose for taking _____

*This is a judgement free space. It's important to know what medications / drugs you are currently using to understand how it may be affecting your life. Certain drugs in the system can suppress the problem state and get in the way of desired results.

Do you have specific fears or phobias? (water, heights, elevators, spiders, etc.)

Yes or No

If Yes, please explain phobias or fears

Please circle any areas you would like to address in this or future sessions:

Addiction Anger Anxiety Body Image Childbirth/ Post-partum

Chronic Pain Depression Dreams Eating Habits Weight End of Life

Transition Fears Goal setting Grief Illness Lack of Energy/ Motivation

Libido Life Purpose Pre/Post- Op Stress Public Speaking Relationships

Relaxation/ Stress Reduction Self-Esteem Sleep Smoking Cessation

Sport/ Talent / Career Performance Trauma Mental Health Spirituality

Other: _____

What are your expectations of your service today?

Do you consent to being respectfully touched, by the practitioner, on various parts of the body, such as, head, shoulders, arms, back, hips, legs and feet? Yes or No

Would you consider yourself to be more visual, auditory (hearing), or olfactory (senses)? _____

Are you sensitive to loud noises? Yes or No

Are you here by your own choice? Yes or No

Are you willing to be an active participant in your treatment? Yes or No

*Hypnotherapy and Energy Medicine Modalities, like all therapies, is a process.
All Hypnosis is self-hypnosis and requires active participation.

Do you understand that *it may take several sessions to resolve an issue, that results cannot be guaranteed, and that as a therapist I cannot control the time it takes for you to progress* as this is your unique process? Yes or No

According to RCW 18.19.020, "Counseling" means employing any therapeutic techniques including but not limited to, social work, mental health counseling, marriage and family therapy and hypnotherapy, for a fee that offer, assist, or attempt to assist, an individual or individuals in the amelioration or adjustment of mental, emotional or behavioral problems, and includes therapeutic techniques to achieve sensitivity and awareness of self and other and the development of human potential. For the purpose of this chapter, nothing may be construed to imply that the practice of hypnotherapy is necessarily limited to counseling.

Is there anything else you think I should know prior to beginning your sessions?

Do you give Jessi Dawn permission to use information about your session (without using your name or other personal identifying information) for writing, teaching or consultation purposes? Yes or No

I understand that Jessi Dawn is not qualified to give legal advice, financial advice or medical advice or to diagnose mental disorders or to conduct psychotherapy. I agree that I am solely responsible for any actions that I take or refrain from taking in connection with the topics discussed during our session. I understand that as a client, I have the right to refuse treatment. I understand that it is my responsibility to choose the provider/ treatment modality which best suits my needs. Initial _____

I acknowledge that I have completed the Client Intake Form to the best of my abilities, and that I have disclosed any mental or physical problems that may be pertinent to the safe facilitation of a hypnosis session. I have read and understood my rights as a client. I understand that full payment is expected by pre-paid invoice, cash or credit card at the time of service. *All credit card transactions may be subject to a processing fee of 3%.*
Initial _____

Printed Name of Client

Signature of Client (Parent or Guardian)