

Hypnotherapy New Client Information Form

INSTRUCTIONS:

1. Print these pages and fill them out completely, checking any and all items that apply to you.
2. Read and sign this page.
3. Bring all these pages with you to your hypnotherapy appointment and give them to your hypnotherapist.

Note: Your hypnotherapist may have additional paperwork and information for you at the time of your appointment.

I claim full responsibility for hypnotherapy sessions and my results. I understand that payment in full is due at the time of service, unless otherwise agreed.

I declare the information that I have provided in this form to be true and complete.

Client Signature

Date

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Contact Information

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Alt. Phone: (____) _____ - _____

Email: _____

Hypnosis & Goals

Please check all that apply:

- I have been hypnotized in person before (non-Internet based)
- I have used self-hypnosis before
- I have used audio CD's, MP3's or web sites for hypnosis
- I have meditated or done guided visualization in the past
- I currently have a meditation practice
- I'm interested in past life regression, inner child, or inner exploration
- I'm disappointed with the hypnosis CD's, MP3's or Internet hypnosis that I've tried
- I've been a volunteer in a hypnosis stage show
- I've been to a hypnosis or self-hypnosis class or workshop
- I've read one or more books about hypnosis or self-hypnosis
- I've researched hypnosis or hypnotherapy on the Internet

In general, my primary goal with hypnosis is: *(please check only one)*

- to support and supplement medications, surgery or medical procedure
- homeopathic treatment for health and healing or for pain relief
- for self-growth or to explore my inner self and/or altered states
- for stress management, worries, or fears
- to control or improve my weight, diet or exercise
- to stop smoking or other addiction
- to improve my performance
- other: _____

What specifically would you like to accomplish using hypnosis?

What attracts you to hypnotherapy as the method to reach this goal?

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Medical & Doctors

Please list all currently diagnosed medical conditions and/or prognoses:

Do not list self-diagnosed conditions; list here only the diagnoses you have received from doctors.

Please list all undiagnosed conditions you suspect may be affecting you:

List here anything you believe may be affecting your life or health but that hasn't been officially diagnosed by a doctor.

Please list all medications and/or prescriptions you currently take:

Please list names, cities and phone numbers for all doctors currently treating you:

Please include the type of doctor (e.g., physician, psychiatrist, chiropractor, etc.) It is not necessary to list dentists unless your goal with hypnosis is about fear of dentist visits, recovery from dental surgery, or otherwise involves your dentist). No need to list any doctors that you haven't seen in two years or more.

<i>Doctor Name</i>	<i>Phone</i>	<i>City</i>	<i>Type of Doctor</i>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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I hereby give permission to contact my doctors, as needed, before and/or after our session.

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Status & Health

Please check all that apply.

Life changes or stress factors in the last 12 months:

- | | |
|---|---|
| <input type="checkbox"/> Graduated from high school or college | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Married | <input type="checkbox"/> Minor health issues |
| <input type="checkbox"/> Relocated to a new city or state | <input type="checkbox"/> Diagnosed with fibromyalgia, chronic fatigue, or arthritis |
| <input type="checkbox"/> Forced to stop work from injury or illness | <input type="checkbox"/> Diagnosed with cancer or a degenerative disease |
| <input type="checkbox"/> Court case, law suit or legal process | <input type="checkbox"/> Diagnosed with PTSD |
| <input type="checkbox"/> Arrested or convicted of a crime | <input type="checkbox"/> Other major health issues |
| <input type="checkbox"/> Incarcerated, jailed or imprisoned | <input type="checkbox"/> Auto accident with minor or no injury |
| <input type="checkbox"/> Divorced or separation | <input type="checkbox"/> Auto accident with major injury or hospitalization |
| <input type="checkbox"/> Birth or adoption of a child | <input type="checkbox"/> Joined military service |
| <input type="checkbox"/> Surgery, amputation or blood transfusion | <input type="checkbox"/> Deployed to military active combat zone |
| <input type="checkbox"/> Death of a loved one | <input type="checkbox"/> Discharged from military |
| <input type="checkbox"/> Bought a house | |
| <input type="checkbox"/> Mortgage in default or foreclosure | |

Sleep:

- | | |
|--|---|
| <input type="checkbox"/> I usually sleep well | <input type="checkbox"/> I have had insomnia or sleep troubles for a while now |
| <input type="checkbox"/> I usually awake in the morning feeling rested | <input type="checkbox"/> I am taking medications that might be interfering with my sleep |
| <input type="checkbox"/> I usually sleep 7-8 hours a night | <input type="checkbox"/> I take over-the-counter or prescribed medications to help me sleep |
| <input type="checkbox"/> I usually sleep 5-6 hours a night | <input type="checkbox"/> When I have trouble sleeping, I use homeopathic aids such as teas or self-hypnosis |
| <input type="checkbox"/> I am waking up several times during the night | |
| <input type="checkbox"/> I like to fall asleep with the TV or radio on | |
| <input type="checkbox"/> I am having difficulty sleeping | |

Eating & Diet:

- | | |
|--|---|
| <input type="checkbox"/> I eat pretty normally | <input type="checkbox"/> I sometimes have indigestion or heartburn |
| <input type="checkbox"/> I have a specialty diet either prescribed or self-developed | <input type="checkbox"/> I drink regular soda |
| <input type="checkbox"/> I am a vegetarian or vegan | <input type="checkbox"/> I drink diet soda |
| <input type="checkbox"/> I end up eating out more than 3 times a week due to job or schedule | <input type="checkbox"/> I drink energy drinks or drink daily coffee or daily tea |
| <input type="checkbox"/> I cook most of my own meals | <input type="checkbox"/> I have one or more food allergies |
| <input type="checkbox"/> I am currently on a specific diet plan or I use a diet service | <input type="checkbox"/> I take vitamin or mineral supplements |
| <input type="checkbox"/> I have used more than three specialized diet plans in the past | <input type="checkbox"/> My doctor has told me to eat less salt, sugar or fats |
| <input type="checkbox"/> I drink lots of water | <input type="checkbox"/> I read books or web sites about nutrition and diet |
| | <input type="checkbox"/> I use diet web sites or online groups |

Spiritual:

- | | |
|---|---|
| <input type="checkbox"/> I'm a religious person | <input type="checkbox"/> I believe in a higher existence, being or intelligent energy |
| <input type="checkbox"/> I'm a regular volunteer, minister, pastor or employee at my church | <input type="checkbox"/> I believe in life after death or reincarnation |
| <input type="checkbox"/> I'm agnostic or atheist | <input type="checkbox"/> I believe in ghosts or spirits |
| <input type="checkbox"/> I pray or meditate more than 3 times per week | <input type="checkbox"/> I have researched or tried multiple religions |
| <input type="checkbox"/> I study spiritual or religious materials once a week or more | <input type="checkbox"/> I'm exploring ideas of religion and/or the possibility of life after death |