

Client History

Please fill out this form completely. The information in it will allow me to give you better service and therapy.

Date: _____

First Name: _____ Last Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Mailing Address:

Address: _____ City: _____ Zip Code _____

May I include you on my email/mailling list to receive news about workshops I offer? Yes No

Gender: Male Female Date of Birth _____ Height _____ Weight _____

Have you ever been hypnotized? OR Has anyone ever tried to hypnotize you? Yes No

Referred by: phone book, internet: _____, friend: _____,

doctor: _____, therapist: _____, other: _____

If you were referred by a friend or practitioner, may I thank him or her for the referral? Yes No

Relationship Status: Single Married Partnered Divorced Separated Widowed

Name of Spouse/Partner: _____

Your Occupation: _____

Military Service: _____

Highest Level of Education: _____

Personal interests, hobbies, activities that you enjoy: _____

Religious or Spiritual Background/Orientation: _____

Family/others currently living with you: (Include each person's first name, relationship to you, and age.)

If you are living with others, do they know that you have made an appointment for hypnotherapy? Yes No

Children who are not living with you: _____

Are you in general good health? _____

Health Problems: _____

Medications: _____

Allergies: _____

Primary Care Physician and the city in which he or she practices: _____

Have you had any of the following?

High Blood Pressure Heart Trouble Asthma Diabetes Arthritis

Lung Trouble Back Trouble Headache Trouble Sleep Trouble

Is there anything I might need to know about your medical history? _____

Are you currently seeing a psychotherapist, psychiatrist, psychologist, other mental health professional?

Explain: _____

Are you currently taking anti-depressants, or anti-anxiety medication? Yes No

If yes, what are you taking? _____

If you are not currently seeing a mental health care profession, have you in the past? Yes No

Have you ever attempted suicide? No Yes—Explain: _____

Are you currently having suicidal thoughts? Explain: _____

What would you like to accomplish through hypnotherapy? _____

Is there anything else you feel that I should know? _____

In case of emergency, contact: _____

Signature

Date