

Confidential Hypnosis Counseling Intake Form

(please print clearly)

Name _____ D.O.B _____

Home Address _____

Town/City _____ State _____ ZIP _____

Telephone # _____

Email Address _____

Is it OK for me to follow up with you via email/phone after your sessions? (circle) YES NO

How did you find this service? _____

Have you been under treatment (physical or psychological) in the past year? (circle) Yes/No
(If yes, please briefly describe)

Do you have any specific fears or phobias? (circle) Yes/No (if yes, please describe)

As of late would you say that your overall level of stress has been (circle one)

LOW MODERATE HIGH EXTREME

What do you want me to help you with? _____

Consent and Disclosure

By signing below I acknowledge the information provided above is accurate to the best of my knowledge. It is understood that Hypnosis Counseling is not a substitute for standard medical care and that no diagnosis or prescription is being given for a medical or psychological condition. Additionally, I should continue any present medical or psychological treatment and consult my doctor or therapist for treatment of any old or new illness.

Client or Guardian Signature: _____

Date: _____