



## Client Intake Form

Please answer the following questions as completely as possible. Please note that all your information will remain confidential and will never be shared except upon your request.

PLEASE COMPLETE, SCAN AND EMAIL THIS FORM TO: [HIPNOTHEREPE@GMAIL.COM](mailto:HIPNOTHEREPE@GMAIL.COM)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SEX: MALE / FEMALE DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN HYPNOTIZED? **YES / NO**

IF SO, BY WHOM? \_\_\_\_\_

HAVE YOU EVER HAD A SERIOUS ILLNESS OR INJURY? **YES / NO**

IF SO, PLEASE EXPLAIN \_\_\_\_\_

ARE YOU CURRENTLY UNDER A DOCTOR'S CARE? **YES / NO**

IF SO, PLEASE EXPLAIN \_\_\_\_\_

ARE YOU CURRENTLY TAKING ANY MEDICATION? **YES / NO**

IF SO, PLEASE EXPLAIN \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR SERVICES? \_\_\_\_\_

\_\_\_\_\_

TELL US ABOUT WHY YOU ARE HERE. OUTLINE YOUR GOALS FOR HYPNOTHERAPY.  
WHAT ARE YOU HOPING TO ACCOMPLISH?

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EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

EMERGENCY CONTACT ALT. PHONE: \_\_\_\_\_

\_\_\_\_\_

The signee herewith will not hold Hipnotherepe responsible in any way nor shall any claims be valid in reference to such methods, instructions and programs in the teaching of relaxation and assisting in achievement of goals.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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