

Hypnosis Intake Form

Name: _____ Occupation: _____

Full Address: _____

Email: _____ Cell Phone: _____

Marital Status: _____ Children: _____ Date of Birth: _____

Emergency Contact Name & Phone: _____

How did you hear about me? _____

Reason for Appointment: _____

Health Status: _____

Describe any physical discomfort: _____

Fears or Phobias: _____

If appropriate, may I consult with your Physician or Therapist? _____

Name/Phone: _____

Have you been hypnotized before? _____ If yes, please describe briefly.

Describe a peaceful place for you: _____

Favorite Color: _____

Hypnosis is not recommended for those with chemical imbalances in the brain such as bipolar disorder and schizophrenia or for those who are seizure-prone. I attest that I have never been diagnosed with chemical imbalances in the brain and that I am not prone to seizures. _____
(If you are unable to certify the above statements you should not schedule Hypnosis.)

By signing below, I certify the following: Good and lasting results may require several sessions. I am responsible for actively cooperating with, and participating in, my program. Body & Soul Shepherd shall not be held accountable for the results I attain. I understand that my program may be terminated if deemed appropriate and that I may be referred elsewhere for proper treatment. I have read the Client Bill of Rights, and I understand that all information about me will be kept strictly confidential.

Signed: _____ Date: _____