

New Client Intake Form

Client Background

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____

Email _____

Please let us know if you were referred, by whom and indicate if we have permission to thank them.

_____ OK to thank them? YES NO

Personal

Height _____ Weight _____ Birth date: _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Separated _____ Widow

Religion _____ Practicing? How Often? _____

Military Service _____ Your Occupation _____

Employer _____

Name of Spouse: _____

Family/Medical History and Relaxation Habits & Routines

Children/Age _____ Diseases or Allergies _____

Have you ever had or are subject to any seizure disorders or epilepsy? _____

Surgeries _____

Family Medical History _____

What do you currently do to relax? _____

How often do you relax? _____

Habits (amount/frequency):

Alcohol _____ Tobacco _____ Coffee _____

Soda Pop _____ Diet Drinks _____

Doctor & Current Status

Family Physician _____ Last Visit _____

List any current physical issues/discomfort _____

Emotional Status

Please circle on the 0-10 scale below to indicate your **current stress level**

0 1 2 3 4 5 6 7 8 9 10
none-----low-----moderate-----high-----overwhelming

Please circle on the 0-10 scale below to indicate your **feelings of self-love/self-esteem**

0 1 2 3 4 5 6 7 8 9 10
none-----low-----moderate-----high-----excellent

Please circle on the 0-10 scale below to indicate your **confidence level**

0 1 2 3 4 5 6 7 8 9 10
none-----low-----moderate-----high-----excellent

Please circle on the 0 to 10 scale below to indicate your **willingness to change**

0 1 2 3 4 5 6 7 8 9 10
none-----low-----maybe-----high-----let's do it!

What goals would you like to achieve with hypnosis? Please be specific (use the back if needed).