



## Hypnotherapy Intake Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
(please print clearly)

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Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

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Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex Male Female

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Have you ever been treated for an emotional problem? YES NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been treated for: \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Heart Disorder  
\_\_\_\_\_ Digestive Problems

Have you ever been hypnotized before? YES NO

If yes, please explain and list hypnotherapist's name and number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you want to accomplish through the use of hypnosis? \_\_\_\_\_

What previous efforts have you under taken to solve this problem? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Medical Referral \_\_\_\_\_ Relative \_\_\_\_\_ Friend

\_\_\_\_\_ Phone Book \_\_\_\_\_ Website \_\_\_\_\_ Email

\_\_\_\_\_ Other \_\_\_\_\_

Do you have any fears or phobias? \_\_\_\_\_

I am willing to be guided through relaxation, visual imagery, creative visualization, hypnosis and stress reduction processes and techniques for the purpose of vocational self-improvement. I understand that the hypnotherapy I am receiving is not a substitute for normal medical care and I have been advised to discuss this hypnotherapy with any doctor who is taking care of me now or in the future. Additionally, I should continue any present medical treatment and consult my regular medical doctor for treatment of any new or old illnesses. I agree to be 'at cause' and to complete any and all tasks assigned to me during the process. I understand that the completion of these tasks is a condition of continuing the client-therapist relationship.

Signature \_\_\_\_\_ Date \_\_\_\_\_