

HYPNOTHERAPY CLIENT INFORMATION FORM

PERSONAL

Name _____ Date _____

Gender _____ Height _____ Weight _____ Age _____ Date of Birth _____

Address: _____

Home Tel _____ Cell _____ WorkTel _____

E-Mail Address _____

FAMILY

Marital or Relationship Status _____

Name of Spouse/Partner _____

Children (Names & Ages) _____

Family Information _____

VOCATION/EDUCATION

Occupation _____

Work History _____

Education _____

Military Service _____

HOBBIES AND INTERESTS

REFERRAL SOURCE

PHYSICAL HEALTH

Are you in good physical health? Yes _____ No _____

If no, explain _____

Medical Conditions & History _____

List Current Prescriptions _____

Current Physician(s) _____

MENTAL HEALTH

Are you in good mental health? Yes _____ No _____

Have you ever received treatment for a mental health condition? Yes _____ No _____

Have you ever taken prescription drugs for anxiety, depression, or other mental health problems?
Yes _____ No _____

List any mental health condition(s), describe treatments and list the prescription drugs _____

Current Mental Health Professional(s) _____

Average Cigarettes Smoked per Day _____ Average Alcoholic Drinks per Day _____

Recreational Drugs: _____

Have you ever been hypnotized? Yes _____ No _____

If yes, give history _____

PRESENTING ISSUES

- | | | | |
|------------------------|-------------------|---------------------------|-----------------------------|
| ___ Situational Stress | ___ Business | ___ Developing Skills | ___ Interpersonal Skills |
| ___ Anxiety and Fears | ___ School | ___ Vocation/Job Related | ___ Smoking Cessation |
| ___ Self-Confidence | ___ Test Taking | ___ Personal Organization | ___ Sleep Improvement |
| ___ Optimism | ___ Memory/Recall | ___ Becoming Persuasive | ___ Spirituality |
| ___ Self-Control | ___ Concentration | ___ Being More Attractive | ___ Referred Medical Issues |
| ___ Relaxation | ___ Perseverance | ___ Weight Management | ___ Facilitate Wellness |
| ___ Self-Hypnosis | ___ Goal Setting | ___ Appearance | ___ Other Referred Issues |
| ___ Occupation | ___ Success | ___ Relationships | ___ Regression |

Other _____

Other _____

Other _____

GOALS and OBJECTIVES

OTHER INFORMATION AND NOTES
