

Sample Intake Form

Your Name/Company Name Here

Please complete this form (All information is strictly confidential)

Last Name (please print) _____

First Name _____

Middle Initial _____

Street Address _____

City _____

State _____

Zip _____

() () ()
Work Telephone # _____
Home Telephone # _____
Fax # _____

Social Security Number _____
Birth Date _____ / _____ / _____

M / F _____
Sex _____
Marital Status _____
Occupation _____

Have you ever been treated for an emotional problem? **Yes No**

If yes, please explain: _____

Have you ever been treated for: (circle) **Diabetes - Epilepsy - Heart Disorder - Digestive Problems**

Have you ever been hypnotized before? **Yes No**

If yes, please explain: _____

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

Any previous efforts to solve this problem? **Yes No**

Results? _____

How did you hear about us? (circle all that apply)

Medical Referral - Relative - Friend - Newspaper - Radio - Television - Phone Book

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 or avocational 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.

Signature: _____

Date: _____

Name I like to be called: _____