

CLIENT INFORMATION

Name: _____ Date of Birth: _____

Address: _____ Phone: (Cell) _____

_____ Occupation: _____

What brings you here for hypnosis today? _____

Have you received hypnosis before? _____

If so, for what? Did you get results you were hoping for? If not, why?

Medical Information

Do you have, or have you had a history of any of the following? Please circle

Headaches	Asthma	Arthritis	High Blood Pressure
Epilepsy	Diabetes	Insomnia	Circulatory Problems
Joint Pain	Allergies	Cancer	Digestive Challenges
Sinusitis	Constipation	Cardiac	

Are you pregnant? _____ Describe general health _____

Medications? / Purpose? _____

Any recent illnesses? _____

Any recent surgeries? _____

Any recent injuries? _____

Any medical conditions not mentioned here? _____

Anything else I should know before our work together? _____

Signature: _____ Date: _____