

CENTERPOINTE HYPNOTHERAPY

CONFIDENTIAL CLIENT INTAKE FORM

Date: _____

Name: _____ Sex: F M

Street: _____ DOB: _____

City, State, Zip: _____

Home Phone _____ Cell _____

Ok to leave message? Y - N Ok to leave message? Y - N

Email Address _____

Contact Person in case of emergency: _____

Relationship: _____ Cell: _____ Email: _____

Who can we thank for referring you?

If other than yourself, who will be paying for the sessions?

Name: _____ Relationship: _____

Phone: _____ Email: _____

CLIENT COMMITMENT TO THERAPY

If you agree to the following, please initial each statement

__ I recognize that my health and well-being depend directly on how well I care for myself emotionally and physically.

__ I recognize that the outcome of my hypnotherapy depends on the acceptance of being personally responsible for myself.

__ I am willing to commit to my own healing and improvement.

__ I will allow adequate time and enough sessions so that the desired change can happen.

__ I agree to be on time and be prepared to participate in order to achieve a successful outcome.

__ I will come to each session ready to fully participate.

CENTERPOINTE HYPNOTHERAPY

CLIENT BACKGROUND

Have you ever experienced Hypnosis before? Yes__ No__

If so, when? _____

Who was the therapist? _____

Purpose _____

Outcome _____

Were you satisfied with the results? Yes__ No__

Are you currently under Doctor or Psychological care? Yes__ No__

Name: _____

If so, when? _____

Purpose _____

Outcome _____

Are you currently taking medication? Yes__ No__

What medications? _____

What are the side effects? _____

CLIENT CHALLENGES OR ISSUES

Uncomfortable speaking in public

Lack of confidence or self esteem

Handling anger or frustration

Lack of creativity or motivation

Inhibiting beliefs

Sabotaging behaviors or beliefs

Releasing fears or phobias

Handling changes

Relationships with people

Procastination

Others? Please explain:

Weight reduction

Stop smoking

Reduce stress

Pain control

Improve performance

Being sad most of the time

Improve learning skills

Improve memory

Enjoying myself

Not finishing things

What environments or conditions do you find most relaxing (i.e. mountains, ocean, beach, etc.)?

CENTERPOINTE HYPNOTHERAPY

What are the top three changes that you hope to take place by using hypnosis?

- 1) _____
- 2) _____
- 3) _____

How will you know you are succeeding in making these three changes a reality?

- 1) _____
- 2) _____
- 3) _____

What can't you do that you want to do, because of the issues you are dealing with?

- 1) _____
- 2) _____
- 3) _____

What have you tried in the past to make the changes and overcome the challenges?

- 1) _____
- 2) _____
- 3) _____

CLIENT ACKNOWLEDGEMENT AND SIGNATURE

By signing this form, you acknowledge that the information provided above is correct and true to the best of your knowledge and belief, and that the therapist can rely on the information provided to be accurate and current.

Client Signature: _____ Date: _____

Parent or Guardian Signature _____ Date: _____

If Client is under 18 years of age

