

CONFIDENTIAL CLIENT INFORMATION AND HEALTH HISTORY

First Name: _____ M.I. _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (h): _____ (c): _____ Birth Date: ____/____/____

Email address _____ Marital status: _____

Male: _____ Female: _____ Referred by: _____

Employer: _____ Occupation: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

How much water do you drink in a day? _____ Do you consider yourself stressed? _____

Have you ever used hypnotherapy services before? _____ If yes, by whom? _____

Have you ever used psychotherapy services before? _____ If yes, by whom? _____

Please list any medication (vitamins, herbs or pharmaceuticals) taken now or at regular intervals.
Include an explanation of what the medication is used to treat: _____

Please list any conditions that currently affect you, or that you have experienced in the last two years:

MUSCULOSKETAL SYSTEM

- ____ Fibromyalgia
- ____ TMJ
- ____ Pain
- ____ Other _____

RESPIRATORY SYSTEM

- ____ Asthma
- ____ Trouble breathing
- ____ Dizziness
- ____ Other _____

CIRCULATORY SYSTEM

- ____ Anemia
- ____ Hypertension
- ____ Heart condition
- ____ Other _____

DIGESTIVE SYSTEM

- ____ Ulcers
- ____ Irritable Bowel Syndrome
- ____ Indigestion
- ____ Other _____

NERVOUS SYSTEM

- ____ Spinal cord injury
- ____ Seizure disorders
- ____ Numbness/tingling
- ____ Other _____

OTHER CONDITIONS

- ____ Insomnia
- ____ Anxiety/Panic attacks
- ____ Frequent headaches
- ____ Other _____

All of the information provided in this intake form is accurate and true to the best of my knowledge. I understand that hypnotherapists do not diagnose disease or prescribe medications. I further understand that hypnotherapy is not a substitute for medical attention and examination. I take full responsibility for alerting my practitioner to any physical, mental or emotional changes that occur with my health.

Signature: _____ Date: _____

