

**INDIVIDUAL
CLIENT INFORMATION SHEET
FOR HYPNOSIS**

Today's Date _____

Name _____ Date of Birth _____ Age _____

Address _____

Phone #'s Home: _____ Work: _____ Mobile: _____

E-Mail: _____ I was referred by _____

In case of an emergency contact _____

WORK & STUDY

Occupation/Current Study _____

Employer/Source of Income _____

I like my work/studies:

Very much ___ Most of the time ___ Some of the time ___ Not at all ___

FAMILY OF ORIGIN

If living, how old is your: Mother ___ Father ___ Step- Parent(s) _____?

Are your parents: Married ___ Separated ___ Divorced ___?

If deceased, what was the age and cause of death? _____

How many sister(s) do you have? _____ brother(s)? _____

What was your order of birth in the family? _____

RELATIONSHIPS

Check all that apply. Are you presently: Single ___? Dating ___? Involved ___?

Cohabiting ___? Married ___? Divorced ___? Widowed ___?

If in a relationship, how would you describe it? Very happy ___ Happy ___ OK ___ Unhappy ___

CHILDREN

Do you have children? Girls/Ages _____ Boys/Ages _____

Stepchildren, or Co-parenting? _____

PHYSICAL HEALTH

My health is generally: Very good ___ Good ___ Fair ___ Poor ___

Physician / Primary Care Giver: _____

Physical problems, if any: _____

Are you taking any medications? Y ___ N ___ If so, what and why? _____

PAST HYPNOSIS

Have you ever done hypnosis before? If so when was that and how did it go for you?

CURRENT ISSUES

What are your goals for the hypnotherapy?

Please describe why you are seeking hypnosis at this time.

What can tell me about your issue/s that you think might be helpful to achieving your goals.

Please list the areas/issues in your life that are creating the most difficulty for you:

Please list the areas/items that bring you the most enjoyment:

What activities help you feel relaxed?

What are your favorite colors, sounds, sights, smells and tastes?

Thank You For Your Time