



Client Intake Form: Hypnotherapy for Adults

Welcome! To help me understand your needs and goals, please complete the following form.

Personal Information:

- Full Name: _____
- Date of Birth: _____
- Address: _____
- Phone Number: _____
- Email Address: _____

Emergency Contact Information

- Name: _____
- Relationship: _____
- Phone Number: _____

Reason for Seeking Hypnotherapy

- Briefly describe the issue(s) you would like to address through hypnotherapy.
- What are your specific goals for hypnotherapy?

Medical History

- Do you have any current or past medical conditions (physical or mental)? Please list:
- Are you currently taking any medications? If yes, please list:
- Have you ever had any negative experiences with hypnosis? Please explain:

Lifestyle

- How often do you consume alcohol?
- Do you use any recreational drugs (not prescribed by a doctor)? If yes, please list:
- Do you smoke cigarettes?

Previous Hypnotherapy

- Have you ever received hypnotherapy before? If yes, please provide details:

Understanding Hypnotherapy

- Please check the box(es) that best describe your understanding of hypnotherapy:
 - I am unfamiliar with hypnotherapy.
 - I have a basic understanding of hypnotherapy.
 - I have had previous experience with hypnotherapy.
- Briefly describe any questions or concerns you have about hypnotherapy:

Client Agreement

- I understand that hypnotherapy is a collaborative process and results may vary.
- I agree to actively participate in sessions and complete any recommended exercises.
- I understand that hypnotherapy is not a substitute for traditional medical or psychological treatment.
- I will disclose any changes in my medical condition or medications during the course of treatment.
- I understand that I am free to terminate hypnotherapy at any time.

Signature: _____

Date: _____