



Client Intake Form: Hypnosis for Children (5 years-17 years old)

Child's Information

- Full Name: _____
- Date of Birth: _____
- Age: _____
- Grade Level (Optional): _____

Parent/Guardian Information

- Parent/Guardian Name: _____
- Relationship to Minor: _____
- Address: _____
- Phone Number: _____
- Email Address: _____

Emergency Contact Information

- Name: _____
- Relationship to Minor: _____
- Phone Number: _____

Reason for Seeking Hypnotherapy

- Briefly describe the reason(s) your child is seeking hypnotherapy.
- What are your goals for your child's hypnotherapy sessions?

Medical History

- Does your child have any current or past medical conditions (physical or mental)? If yes, please list:

- Is your child currently taking any medications? If yes, please list:
- Has your child ever had any negative experiences with hypnosis? If yes, please explain:

Lifestyle

- Does your child have any sleep problems (difficulty falling asleep, frequent waking, nightmares)? Please elaborate:
- Does your child experience anxiety or stress? If yes, please describe situations or triggers.
- Does your child have any phobias (animals, insects, heights, etc.)? Please list:

Previous Therapy

- Has your child received any previous therapy (counseling, medication)? If yes, please elaborate:

Parent/Guardian Agreement

- I understand that hypnotherapy is a collaborative process and results may vary.
- I will make sure my child attends all scheduled appointments and actively participates in sessions.
- I understand that hypnotherapy is not a substitute for traditional medical or psychological treatment.
- I will disclose any changes in my child's medical condition or medications during the course of treatment.
- I have explained hypnotherapy to my child in an age-appropriate way and they agree to participate in sessions.

Parent/Guardian Signature: _____

Date: _____

Minor Assent (Optional, for older minors)

- I understand that I am participating in hypnotherapy sessions voluntarily.
- I will be honest and open with the hypnotherapist during sessions.
- I understand that hypnotherapy is a safe and relaxing process.

Minor Signature (if applicable): _____

Date: _____