**A book with a heart shape

Description automatically generatedOnce Upon a Time Hypnosis**

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**