**A book with a heart shape

Description automatically generatedONCE UPON A TIME HYPNOSIS**

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