



hypnodipity

Client Intake Form

Please fill in the information below and bring it with you to your first session. All information provided will be treated as confidential and will not be released except upon your written consent. Please note: If the reason for your visit involves a medical issue or psychological disorder, approval from your physician or licensed psychotherapist may be required to use hypnotherapy as a complementary treatment.

Personal Data Record

Legal Name: _____ Gender: _____ Date of Birth: _____

Preferred Name: _____ Parent/Legal Guardian (if under 18): _____

Address: _____

City: _____ State: _____ Zip: _____

Main/Cell Phone: _____ May we leave a message? Yes No

May we text message you? Yes No

Email Address: _____ May we email you? Yes No

Occupation: _____ Marital Status: _____

In case of emergency, please notify (name): _____

Phone: _____ Relationship to you: _____

Hypnotherapy

How did you hear about us? Friend/Family HMI Psychology Today TEAM DaoCloud

Hypnodipity.com NikiPayne.com Facebook Instagram LinkedIn Google/Internet Search

Friend/Family, referred by: _____ Other (specify): _____

Have you ever been hypnotized before? Yes No Reason? _____

What are your goals for hypnotherapy? Self Control with: Alcohol Cigarettes Marijuana Drugs

Stress Management Motivation/Procrastination Lifestyle Change Confidence Relationships

Weight Loss Pain Management Fear/Apprehension Other: _____

What dimensions of your well-being are most important to you? (check all that apply)

Physical Mental Emotional Spiritual Financial Intellectual Social Environmental

Signature: _____ **Date:** _____



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Clinical Information

1. Are you under the care of a licensed physician or mental health professional?

Physician Name: _____ Phone: _____

For: _____ Last Visit: _____

Therapist Name: _____ Phone: _____

For: _____ Last Visit: _____

2. Please list any significant current or past health issues or hospitalizations:

3. What medication and/or supplements are you currently taking?

4. What is your presenting issue and when did it start?

5. How did this issue develop into your current dilemma and your interest in seeking hypnotherapy?

6. Using the scale below, how would you estimate the severity of your problem(s)?

Mildly Upsetting Moderately Severe Severe Extremely Severe Incapacitating

7. What techniques have you used in the past to resolve this problem(s)?

8. What was the success rate of these techniques?

9. What results would you like to have at the conclusion of your sessions?

10. What about this issue led you to seeking hypnotherapy?



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Lifestyle & Wellness Information

1. What is your current living situation?

2. How are you sleeping? How much sleep do you get on an average night?

3. How would you describe your current diet/daily food intake?

4. How much exercise do you get on an average week? What types of exercise do you usually do?

5. How do you like to spend your free time?

6. Do you consume caffeine products (ie. coffee, tea, etc.)? If yes, what type and how much/often?

7. Do you smoke or use nicotine products? If yes, how much/often?

8. Do you drink alcohol or use recreational drugs? If yes, what type and how much/often?

9. Are you interested in changing your daily lifestyle habits or substance use patterns?
 Yes No If yes, please describe:

10. What significant life changes or stressful events have you experienced most recently?