



# hypnodipity

## Client Intake Form

### Personal Data Record

Name (first/last): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Mobile Date of Birth: \_\_\_\_\_

Email (Is this a private email?): \_\_\_\_\_

Gender Identity: \_\_\_\_\_ Cultural Considerations: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Name and Phone Number of Close Friend or Relative to Contact in an Emergency:

Name	Relationship to You	Phone
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How did you hear about my services? \_\_\_\_\_

Have you ever been hypnotized before?  Yes  No

If yes, what was the reason and outcome of your previous experience? \_\_\_\_\_

Please list what you intend to accomplish through the use of our services.

\_\_\_\_\_

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