

Date _____

847-254-8393

Intake form

Client's Name First name _____ middle _____ Last _____ Male
Female

Spouse's Name First name _____ middle _____ Last _____ Male
Female

Address _____

City _____ State _____ zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Date of Birth ____ / ____ / ____ SS # ____ - ____ - ____ Marital Status Single Married Other

Highest Level of Education _____ Religious Affiliation _____

Occupation/Business _____

How did you hear about US?

Personal & family history:

Client's Immediate Family members:

Name	Relationship	age	Name	Relationship	age

Please describe any history of physical or mental health issues either in your current family or in your family of origin.

Any history of addictions? yes no give details:

Have you ever had hypnotherapy before? yes no reason:

Name of therapist: _____ Dates: _____

Are you currently on any medications? yes no

medication _____	Prescribed by: _____	dosage _____	Date(s) of usage _____
medication _____	Prescribed by: _____	dosage _____	Date(s) of usage _____

Any significant health changes in the past year? yes no reason: _____

What brings you to hypnotherapy at this time?

Signature of Patient/Client

Date

Signature or Parent, Guardian or Personal Representative *

Date

** If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).*

Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member

Date