



## Hypnosis Confidential Intake Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

EMAIL \_\_\_\_\_ Occupation \_\_\_\_\_

Medical Doctor \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### QUESTIONNAIRE

Reason for Hypnosis/Guided Imagery

- Hypnofertility® & Pregnancy
- Hypnosis/Guided Imagery for Athletes – Peak Performance, Visualization & Relaxation
- Stress Reduction/Guided Imagery

Further explanation \_\_\_\_\_

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What change(s) would you like to achieve?

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1. Have you ever had Hypnosis before? Yes  No

If Yes:

What was the reason for your previous hypnosis?

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What did you like or dislike ?

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2. What is your current Stress Level on a Scale from 1-10?

No Stress 1-----2-----3-----4-----5-----6-----7-----8-----9-----10 High Stress

Reason(s) for stress, please list.

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Does anything help to alleviate your stress?

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3. Are you having any worries, negative thoughts or doubts? Please list them.

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4. Issues with depression?

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5. Any mental health diagnosis?

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6. Any health issues?

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7. How is your sleep pattern? (light, intermittent, or deep)

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Do you feel rested?

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Estimated hours per night? \_\_\_\_\_

8. What is your diet like? Eating Habits? Please explain.

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9. How many times per week do you use the following:

Tobacco \_\_\_\_\_

Caffeine \_\_\_\_\_

Alcohol \_\_\_\_\_

Cannabis \_\_\_\_\_

10. Do you have an exercise routine?

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11. Are you currently taking any medication?

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12. Complimentary therapies?

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