



Symbols of Soul

Confidential Client Intake Form

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

May We Call & Leave Messages? Where? _____

Birth Date: _____ Marital Status: _____

Place of Employment: _____

How Did You Hear About Us? _____ Referred by? _____

Medical / Psychological Information

List Current Conditions: _____

Any Medications? _____

Ever Been Hypnotized, NLP, Meditated, Relaxation Exercise? _____ When? Why? _____

Have You Had Any Stimulants Today? When? _____

Contact Lenses? _____ Difficulty Hearing? _____

Hypnotherapy Information

Primary Goal for this Session: _____

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What Else Have You Tried to Resolve this Issue?

How Will Your Life Be Different When You Reach Your Goal?

Do You Have a Fear or Dislike of?

Stairs, escalators, or elevators

Water, oceans, rivers, or lakes

Drifting, floating, sinking

Other _____

Which Environments Are Most Relaxing for You?

Nature, forest, parks, trails

Sights & sounds of water

Quiet secluded placed

Favorite vacation

Viewing birds or other animals

Hobbies or recreational activities

Do You Have Any Religious or Spiritual Preferences or Icons? Please Describe.

Please Share Anything Else that Would Be Helpful to Know About You:

Do You Have Any Questions?

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Hypnosis Agreement

I request to be hypnotized and acknowledge that hypnosis presents a potentially powerful mental and physical regulating tool. I understand that personal results will vary and that there are no express or implied guarantees or warranties of results.

I am fully informed of the nature and usefulness of hypnosis. Further, I am aware that this program is non-medical in nature and for any medical treatment or change in medications I will consult my health practitioner.

Signature: _____

Date: _____