

HYPNOCLIQUE HYPNOTHERAPY INTAKE FORM

Personal Information:

Full Name: _____

Date of Birth: _____

Address:

City: _____ State: _____ Zip Code: _____

Primary Phone: _____

Secondary Phone: _____

Email Address: _____

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone: _____

Health Information:

Please describe your overall health:



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Have you ever had a diagnosis of psychosis?

YES	NO
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Are you currently on any medication? If so, please list below:

List any medical conditions or diagnoses below::

Have you ever had hypnotherapy before?

YES	NO
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If yes, has anything changed medically since your previous session?

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Background Information:

What is your occupation?

What is your relationship / family situation?

Have you ever been treated for anxiety or panic attacks? If yes, when was that, and how does it affect you?

Have you ever been treated for depression or low mood? If yes, when was that, and how does it affect you?

Have you ever self medicated with alcohol or recreational drugs?

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Have you ever suffered from an eating disorder?

On a scale of 1-10, how would you rate your current stress level? (1 being the lowest, 10 being the highest). Circle the relevant box below:

1	2	3	4	5	6	7	8	9	10
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Is there a history of mental health issues in your family? If so, please outline below:

Are there any traumas or significant issues in your life that I should know about (eg bereavements, divorce etc.)?

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Your Goals for Hypnotherapy:

What outcome do you want to achieve from having hypnotherapy?

How long have you had the issue you want to address?

What have you tried in the past to address this issue?

How will you know when this problem has totally disappeared?

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What is your preferred approach for Hypnotherapy sessions?

In-Person	Zoom Call
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What are your preferences with regard to communications between sessions?

Text Message	Phone Call	Whats App	Email
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How did you hear about our hypnotherapy services?

Are there any other concerns, questions, or details you'd like to share?

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Agreement and Acknowledgment:

I am happy to have hypnotherapy treatment and understand that the treatment will be explained to me in my first session.

YES	NO
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I understand that my data is held, stored, processed and deleted in line with privacy legislation. I am happy to be contacted about my treatment and for my contact details to be used to communicate products and offers that may be of interest to me in the future.

YES	NO
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By signing below, I acknowledge that the information provided is accurate to the best of my knowledge. I understand that the hypnotherapist is not a medical professional and that any advice or guidance received should not replace medical advice or treatment from qualified healthcare professionals.

Signed, _____

[Client's Name]		[Date]	
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