

# Hypnotherapy Intake Form

**Purpose:** The purpose of this questionnaire is to obtain a comprehensive picture of your background. By completing these questions as fully and as accurately as you can, you will assist me in maximizing your time and saving you money.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Home  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth  
Date: \_\_\_\_\_ Age: \_\_\_ Gender: M \_\_\_ F \_\_\_ Occupation: \_\_\_\_\_  
Marital Status: \_\_\_ engaged \_\_\_ married \_\_\_ re-married \_\_\_ separated \_\_\_ divorced \_\_\_ widowed \_\_\_ single  
Email \_\_\_\_\_ How did you hear about me? \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Identification of Presenting Issue:

What do you hope to achieve with Hypnotherapy

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Give a brief account of the history and development of your complaints (from onset to present):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any fears? Water \_\_\_ Heights \_\_\_ Elevators \_\_\_ Flying \_\_\_ Driving \_\_\_ Public Speaking \_\_\_

Why are you seeking help now? \_\_\_\_\_

Prior Experience with Hypnotherapy Yes \_\_\_ No \_\_\_ Was it successful? \_\_\_\_\_

Medical and Health History Have you been under a doctor's care in the past year? Yes \_\_\_ No \_\_\_ If yes please give reasons

Current health status: \_\_\_\_\_

List illnesses and injuries: \_\_\_\_\_

List hospitalizations: \_\_\_\_\_

List any medications you are taking: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Highest/lowest past weight: \_\_\_\_\_

Indicate current and past drug and alcohol usage: \_\_\_\_\_

Have you ever had counseling or therapy? Yes \_\_\_ No \_\_\_ How successful was it? \_\_\_\_\_

How are your sleeping patterns: \_\_\_\_\_

If you smoke, how much? \_\_\_\_\_ Amount of exercise \_\_\_\_\_

How is your diet? \_\_\_\_\_

How much Caffeine do you have on a daily basis? (Coffee, Tea, Soda) \_\_\_\_\_

**Background Information:**

Current interests and hobbies: \_\_\_\_\_

Highest level of education \_\_\_\_\_

Were you ever bullied? \_\_\_\_\_

Have you ever been physically, sexually or emotionally abused? If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Family's religious/spiritual preference: \_\_\_\_\_

**Family Data:**

Relationship with Father \_\_\_\_\_

Age \_\_\_ Deceased? \_\_\_\_\_

Relationship with Mother \_\_\_\_\_

Age \_\_\_ Deceased? \_\_\_\_\_

Number and Gender of Siblings \_\_\_\_\_

Relationship with brother's/sister's: \_\_\_\_\_

Past: \_\_\_\_\_

Present: \_\_\_\_\_

**Marital/Relationship History:**

Spouse/Partner's age: \_\_\_\_\_ Spouse/Partner's Occupation: \_\_\_\_\_

Spouse/Partner's personality (in your own words) \_\_\_\_\_

Check areas where problems exist

- Children                      • Friends                      • Sex                              • Affairs                        • Communication
- Work                            • Finances                      • Substance abuse            • Recreation/leisure        • Relig differences
- Arguments                    • Verbal abuse                • In-laws                        • Physical abuse              • Other \_\_\_\_\_

List children and ages with a short personality description of each: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Occupational Data**

Present job: \_\_\_\_\_ Feelings about your job: \_\_\_\_\_

Would you like to be doing something else? If so, what? \_\_\_\_\_

Please give a short description of yourself: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there any other information/concerns you would like me to know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_