

Hoffman Hypnosis & Healing
Confidential Client History Form

This form is to be completed at the initial session: Date _____

Please fill out this side of the form and read the Client Bill of Rights on the reverse side.

Signing this form indicates that you have read that information.

Name _____ Home phone _____ Work phone _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age _____ Sex _____ Marital Status _____

Occupation _____ No. Of Children: _____

How did you hear about us? Yellow Pages _____ Newspaper _____ Other Advertisement _____

Or, Referral _____ If so, who referred you? _____

Has anyone ever tried to hypnotize you? _____ Reason: _____

Do you believe that you were hypnotized? _____ Why? _____

Generally, how did it go for you? _____

Reason you are coming for hypnosis _____

Any previous attempt to address this issue? Yes _____ No _____ Results _____

We find it useful to sometimes use a holistic approach (mind-body-spirit) when appropriate. Would you consider yourself a spiritual person? (Circle One) Yes - No - Maybe

Medical History

Are you currently undergoing medical or psychological treatment for the above issue?

Yes _____ No _____ If so, where? _____ Dr.'s name? _____

Have you been under a doctor's care in the past year? Yes _____ No _____

If "yes", please give reason _____ Dr.'s name? _____

Have you ever been treated for emotional problems? Yes _____ No _____ If "yes", are you currently receiving treatment or counseling? Yes _____ No _____ By whom? _____

Have you ever been treated for? Heart _____ Diabetes _____ Epilepsy _____ Pain _____ Are you currently taking any medications? Yes _____ No _____ If so, what _____

Reason for medication? _____

Have you had any prolonged illness? Yes _____ No _____ If "yes", what illness _____

Do you have any questions about hypnosis? Yes _____ No _____

Sessions at Hoffman Hypnosis & Healing are video taped, and become part of your confidential record.

Any appointment changes need to be made two office working days in advance. Appointments broken or canceled without the two working days' notice will be charged for the session. Thank you.

Client Signature

*Parent/Guardian Signature

(Signature is required if client is under 18 years old)

***If you wear HARD contact lenses, please remove them before your session, as they inhibit your ability to relax.**