

# Twilight Hypnotherapy

## 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? \_\_\_\_\_

If you were referred by a medical professional, do we have your permission to discuss your progress with him/her? \_\_\_ Yes \_\_\_ No \_\_\_\_\_

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 the **Twilight Hypnotherapy** are video taped, and become part of your confidential record.

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

***\* I have purchased the discounted Five-Session Package, and I understand that if for any reason, I do not complete all five sessions, my refund for unused sessions will be prorated based on the regular rate of \$[your rate] per session. Thank you.***

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\_\_\_\_\_  
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.**