



Hypnosis Confidential Interview Form Client Information

Last Name: _____ First Name and Initial: _____

Address: _____

Phone #: _____ Cell # _____

Occupation: _____ Work # _____

Skills & Abilities: _____

Hobbies: _____

Age (Optional): _____ Marital Status: _____

Successes: _____

Name of Significant Other: _____

Children's Names & Ages: _____

General Health: _____

Physician: _____

Any Notable Findings: _____

Please note any medication or supplements/vitamins and daily dosage:

What specific problem or situation brings you here? _____

Here is a list of life-areas and common difficulties which often lead people to seek professional assistance.

Please check those you feel may also apply to you.

- | | | |
|---|---|---|
| <input type="checkbox"/> Alcohol Usage | <input type="checkbox"/> Lying/Cheating | <input type="checkbox"/> Shyness |
| <input type="checkbox"/> Artist Block | <input type="checkbox"/> Money Worries | <input type="checkbox"/> Stress/Tension |
| <input type="checkbox"/> Athletic Performance | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Surgical Anxiety |
| <input type="checkbox"/> Body Contouring | <input type="checkbox"/> Phobic Reactions | <input type="checkbox"/> Weight Control |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Residual Pain | <input type="checkbox"/> Work Problems |
| <input type="checkbox"/> Drug Usage | <input type="checkbox"/> Relationships | <input type="checkbox"/> Guilt Feelings |
| <input type="checkbox"/> Eating Problems | <input type="checkbox"/> Relaxation | <input type="checkbox"/> Sexuality |
| <input type="checkbox"/> Emotional Upset | <input type="checkbox"/> School Performance | Other: _____ |
| <input type="checkbox"/> Everyday Fears | <input type="checkbox"/> Self -Motivation | Other: _____ |

(NOTE: Certain medical conditions will require a Referral Script from your treating Physician)



Preliminary Questions

- 1) How did you happen to hear about us?**

- 2) Have you ever been in counseling or psychotherapy?**

- 3) What would you say is your main concern at this time?**

- 4) What would you be willing to let go of or give up to handle this concern, problem or situation?**

- 5) Have you ever been in hypnosis?**

- 6) Have you ever seen anyone hypnotized?**

- 7) Describe two (2) of your favorite scenes or places which symbolize to you good feelings such as peace, contentment or joy. A place where you can really relax. Focus on sights, sounds, smells, temperature, movement, tastes, feelings on your skin and other sensations or emotions each scene evokes in you.**

- 8) Is there any area of nature that makes you uncomfortable?**



Consulting Agreement – Client

In requesting professional consultation and assistance, I understand that to be successful I must be entirely willing to:

- Recognize that my health and well-being depend directly on how well I care for myself emotionally, physically, intellectually and spiritually; _____
- Acknowledge that my feelings, thoughts, images and desires ---conscious or subconscious --- ultimately determine the course of every action and relationship in my life; _____
- Realize that blaming anything or anyone including myself, is totally useless and that the only person who can take charge of my life is me; _____
- Accept responsibility for myself, my choices and actions; and for life's outcomes as from day to day I, knowingly or unknowingly, create them. _____

I know my heartfelt commitment is an important first step in my work here, and my signature below underscores that commitment. However if in all good conscience, I cannot align myself fully with each statement above, I initialed each acceptable item rather than signing at this time and agree to discuss in detail any reservations I may have.

Client

Date



Consulting Agreement – Consultant

In order to support you in deriving maximum benefit from our scheduled time together, I agree to:

- Use the best of my abilities and expertise to facilitate such changes as are --mutually agreed to be in your interest and in no way harmful to you; _____
- Work diligently to ensure as best I can that all suggestions given are positive in direction, beneficial in nature, and presented within a contest of health and well-being; _____
- Refrain from using you or your trust to satisfy any personal needs I may have outside the working relationship established here; _____
- Offer you my undivided attention and professional assistance during our scheduled consultations; _____
- Inform you immediately if, in my judgment, you would be better served by another professional or an alternative means of reaching your objectives. _____

I am professionally committed to assisting you, in the shortest possible time at the lowest possible cost, in mobilizing your resources to achieve maximum results.

Consultant

Date