



CLIENT INTAKE/HISTORY

Date_____

Name_____ Date of Birth_____

Home Phone_____ Work Phone_____

Cell Phone_____ Email address_____

Website URL_____

Street Address_____ City_____ State_____ Zip_____

Date of Birth_____ Age_____ Sex_____ Marital Status_____

Occupation_____ No. of Children_____

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 attempts to address this issue? Yes___ No___ Results_____

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

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, and doctor's name _____

Have you ever been treated for emotional problems? Yes ___ No ___

By whom? _____

Have you ever been treated for Heart ___ Cholesterol ___ Diabetes/Sugar ___ High Blood Pressure ___
Pain ___ Epilepsy ___ Allergies ___ Asthma ___ Bronchitis ___ Emphysema ___ Breathing problems ___
Insomnia ___ Headaches ___ Stomach problems ___ Bowl problems ___ Urination problems ___
Sexual problems ___ Cancer ___ Brain injury ___ OTHER: _____

Are you taking any medications? Yes ___ No ___ What? _____

Reason for medication/s: _____

Have you had any prolonged illness? Yes ___ No ___ If so, what? _____

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

CONSENT:

I understand that Hypnosis as practiced by Debra Sargent is not a medical treatment but a process whereby an individual is taught to use their own abilities for their benefit. With this understanding, I hereby grant permission to Debra Sargent to hypnotize me.

Date _____ Signature _____

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

BENEFITS

Please list at least SEVEN benefits that you would receive by making the change/s that you have come here to work on.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____

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