



**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 \_\_\_\_\_

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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: \_\_\_\_\_

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Are you taking any medications? Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

Reason for medication/s: \_\_\_\_\_

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Have you had any prolonged illness? Yes \_\_\_ No \_\_\_ If so, what? \_\_\_\_\_

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Do you have any questions about hypnosis? Yes \_\_\_ No \_\_\_

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**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 & WHYS**

Please list at least FIVE **WHYS** explaining why you wish to make the change/s that you have come here to work on.

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

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. \_\_\_\_\_