



**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 Access Holistic Healing & Hypnosis 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 \$100 per 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.**