



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