



Client Intake Form

Personal Data Record and Release Form

Please fill out the following information as completely as possible. All information will be treated as confidential and will not be released except upon your written request. The signee herewith will not hold the above responsible in any way, nor shall any claims be valid in reference to such methods, instructions, and programs in the teaching of relaxation, self-improvement, and habit control.

Name: _____ Today's Date: _____

Street Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Home/Mobile Phone: _____ Email: _____

Gender: _____ Pronoun: _____ Date of Birth: _____ Age: _____

Occupation: _____ Marital Status: _____

Spouse's Name: _____ Spouse's Occupation: _____

Children: How many? _____ Male _____ Female Names/Ages: _____

Hobbies/Interests: _____

Name and Phone Number of Close Friend or Relative to Contact in an Emergency:

| Name | Relationship to You | Phone |
|------|---------------------|-------|
| | | |

How did you hear about me? _____

Have you ever been hypnotized before? Yes No

If yes, how was your previous experience? _____

What do you wish to accomplish through hypnotherapy and our work together?

Client Signature: _____ Date: _____