



THE CENTER WITHIN

JOURNEY TO WELLNESS

HYPNOTHERAPY PATIENT INTAKE FORM

Personal Information

Name: _____ DOB: ___/___/___ Date of Consult: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Email Address: _____ Gender: M F O

How did you hear about us? Facebook Instagram Other: _____

Emergency Contact Information

Emergency contact name: _____ Phone Number: _____

Relationship to you: _____

Medical History

Are you currently taking any medications or supplements? Yes No

Do you have any allergies or intolerances? Yes No

Do you have any medical conditions? Yes No

Please add any additional notes/comments regarding your medical history/condition below:



Consultation

Please tell us why you are seeking hypnotherapy right now?

Have you previously received hypnotherapy?

Yes

No

Have you ever needed to work with mental health professionals?

Please list any fears, phobias, or compulsive tendencies:

How would you like hypnotherapy to help you?

Do you have any other details you would like to add?



Consent Agreement

Please read each statement carefully and check (✓) each box to show your agreement

- I hereby authorize the hypnotherapist named below to use hypnosis techniques on me for the purposes outlined in this form, and for future purposes that I may request.
- I understand that hypnosis and regression therapy are not medical procedures and that no medical benefits are being offered to me.
- I understand that the success of hypnosis and regression therapy depends on my ability to relax, and my desire to create change in myself.
- I understand that, because the results of the sessions depend on my own serious participation, the hypnotherapist cannot offer any guarantee of the success of my treatment. I am aware however, that they will do everything reasonable in their ability to ensure my success.

By my signature below, I acknowledge that I have read and fully understand this agreement and all the information detailed above.

Please Print Name: _____ Date: ____/____/____

Signature: _____

Hypnotherapist's Agreement

This section for office use only. Please leave blank.

Hypnotherapist's Name: _____ Date: ____/____/____

Hypnotherapist's Signature: _____

Please print this form and bring it with you, or else [email it to us at this address](#). Thank you.