

Client Intake Form

Please complete this form – Please print – All information is strictly confidential

Name: _____ Date: _____

Address: _____

City: _____ Zip Code: _____

Phone: (Home) (____) _____ (Work) (____) _____

Occupation: _____ E-mail address: _____

Marital Status: Single Married Divorced Separated Widow (er)

Birth Date: _____ Sex: M / F Number of Children _____

How were you referred: Yellow Pages Doctor (Name) _____

Friend (Name) _____ Other _____

Are you under a doctor's care? Yes No Reason: _____

Doctor's Name: _____

Are you taking medication? Yes No What for: _____

What do you want to accomplish through the use of hypnosis? _____

Have you ever been hypnotized? Yes No What for? _____

Do you have any fears or phobias? Yes No List: _____

IF YOU WEAR CONTACT LENSES AND CANNOT COMFORTABLY CLOSE YOUR EYES FOR APPROXIMATELY ½ HOUR WITH THEM IN, PLEASE REMOVE THEM.

I AGREE THAT MY SUCCESS WITH THE PROCESS OF THERAPY THROUGH HYPNOSIS WILL REST WITH MY PERSISTENCE WITH THE PROCESS AND THE RECOMMENDATIONS OF MY THERAPIST. I DO AGREE TO PAY THE ENTIRE FEE FOR SERVICES RENDERED UPON COMPLETION OF THE SESSION UNLESS OTHERWISE PREVIOUSLY AGREED UPON WITH THE THERAPIST.

I AGREE TO PAY A \$30.00 CHARGE IF I DO NOT GIVE 24 HOUR NOTICE OF CANCELLATION OF MY APPOINTMENT, AND THE FULL PRICE OF THE SESSION FOR A NO CALL / NO SHOW. PLEASE INITIAL _____

Signature: _____ Date: _____

Thank you, relax, and enjoy. Donna Kannard, Ph.D.