

Confidential Client History Form

Date: _____

Please fill out this side of the form.

Signing this form indicates that you have read that information.

Name _____ Home phone _____ Cell phone _____
Address _____ City _____ State _____ Zip _____
Date of birth _____ Age _____ Sex (M) (F) Marital Status _____
Occupation _____ No. of Children: _____

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 Mindful Health Center are recorded. The recordings are the property of Mindful Health Center LLC and are not shared with clients or anyone outside of the Mindful Health Center. 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.