

715 Fairgrove Church Rd., Suite 202
Conover, NC 28613
828-367-0679
Hypnosis-for-Change.com

Client History Form

This form is to be completed prior to the initial session: **Date:** _____

NOTE: All information will be kept strictly confidential except that which we are legally obliged to report such as threat of injury to self or others. If you are in any way uncomfortable with any of these questions, feel free to skip them. Please be aware that the more you tell me about yourself, the more I may be of assistance to you. It is an honor to assist you.

Name _____ **Date of Birth (MM/DD/YY)** _____

Address _____

Post Code _____ **Email(s):** _____

Day Phone _____ **Eve Phone** _____ **Cell:** _____

How may I contact you? Phone ___ Cell ___ Email ___

Personal Status: Married _____ Single _____ Divorced _____

Names and Ages of Children:

Name of Spouse/Partner: _____

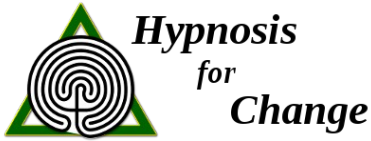
Current occupation: _____ **Do you enjoy your work?** Yes ___ No ___

Who referred you? _____

Have you ever had a hypnosis session? Yes ___ No _____

Was it a positive experience? Yes ___ No _____

Reason you are coming for hypnosis: _____



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How long has this been a problem? _____ When did it start? _____

Any previous efforts to solve the problem? Yes ___ No _____

Results: _____

Do you have any particular spiritual path or practice that can assist you in transforming your issue? Yes ___ No _____

MEDICAL:

Have you had any prolonged illness? Yes ___ No _____

If yes, when? _____

Do you have any current health problems? Yes ___ (please list) No _____

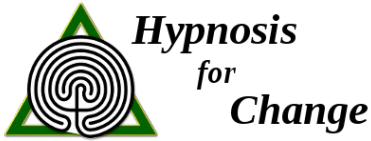
Are you being treated by a physician/psychologist/psychiatrist? Yes ___ No _____

If yes, for what? _____

Doctor's name & Clinic: _____

List any medications you are currently taking: _____

Anything else you would like me to know: _____



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RELEASE STATEMENT:

*I have received and read the Client Bill of Rights and understand what I have read. I hereby authorize **Chris Wilhoit** (Hypnotherapist) to hypnotize me for the purposes outlined in this intake form and for future purposes that I may request. I understand that the success of my hypnosis therapy depends greatly on my desire to create change in myself and my willingness to follow instructions. I understand that **Chris Wilhoit** (Hypnotherapist) is neither diagnosing nor treating specific health issues or challenges and, because the results of my sessions depend greatly upon my own serious participation, that **Chris Wilhoit** (Hypnotherapist) cannot offer any guarantee of the success of my treatment. I am aware however, that **Chris Wilhoit** (Hypnotherapist) will do everything reasonably in his power to ensure my success.*

Signature

Date