



# Restore 1 Energy

*Restore, Renew, Remember!*

## Hypnosis Client Intake Form

Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Retired From: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any health conditions your practitioner needs to be aware of? \_\_\_\_\_

Are you currently under the care of a mental health professional? \_\_\_\_ Yes: \_\_\_\_ No: \_\_\_\_\_

If yes, why? \_\_\_\_\_

Have you ever had any experience with Hypnosis or Hypnotherapy before? \_\_ Yes \_\_ No

If yes, what type and duration of sessions? \_\_\_\_\_

Do you have a goal for the session today? \_\_\_\_\_

What do you feel has held you back from achieving this goal? \_\_\_\_\_

Reason for your visit today?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> _Regression                         | <input type="checkbox"/> _Stress Management             | <input type="checkbox"/> _Pain Control                      |
| <input type="checkbox"/> _Meditation                         | <input type="checkbox"/> _Anxiety                       | <input type="checkbox"/> _Improving Relationships           |
| <input type="checkbox"/> _Self Esteem/Appreciation           | <input type="checkbox"/> _Weight Release                | <input type="checkbox"/> _Goal Achievement(athletic/grades) |
| <input type="checkbox"/> _Development of Intuitive Abilities | <input type="checkbox"/> _Tapping into Inner Creativity | <input type="checkbox"/> _Public Speaking/Stage Fright      |
| <input type="checkbox"/> _Memory Enhancement                 | <input type="checkbox"/> _Breaking Negative Habits      | <input type="checkbox"/> _Smoking Cessation                 |
| <input type="checkbox"/> _Performance Enhancement            | <input type="checkbox"/> _Other _____                   | <input type="checkbox"/> _Fears of _____                    |

When and where does this problem occur? Be specific \_\_\_\_\_

How did you hear about Restore 1 Energy? \_\_\_\_\_

My services neither diagnose nor prescribe for disease conditions. All clients are encouraged to seek competent medical help when those services are deemed necessary. The client accepts total responsibility for his/her own health care and maintenance. Nothing said, typed, printed, or produced by me is intended or meant to diagnose, prescribe, treat a disease, or take the place of a licensed physician.

It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I have. By signing below, I acknowledge and fully agree with the above information

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_