

ID: _____

Date: _____

HypnosisIsHealing.com

Instructions: Fill out the intake form, scan into a PDF, and email to Support@HypnosisIsHealing.com

► CLIENT INFORMATION

Name (known as 'Client'): _____ Sex: M / F

Street Address: _____

City: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell: _____

Date of Birth: ____/____/____ Age: _____

Email: _____

Place of birth: City: _____ State: ____ Handedness: L R Mixed

Occupation (Field): _____ Title: _____

Referred by: _____ Phone # _____

Primary Care Physician: _____ Phone #: _____

How did you hear about us? _____

► MISCELLANEOUS INFORMATION

It is okay to talk about God / Higher Power: _____ Yes / No Faith: _____

► PRIMARY GOALS

- ☐ Weight Management; ☐ Smoking/Tobacco Cessation; ☐ Stress Management; Self-Control with: ☐ Alcohol
☐ Anger; ☐ Sleep Improvement; ☐ Confidence; ☐ Motivation/Procrastination; ☐ Relationships; ☐ Attitude/Outlook;
☐ Study Skills; ☐ Self-Esteem/Self-Image; ☐ Facilitate Wellness: _____; ☐ Change Habit(s): _____;
☐ Fear/Apprehension: ____; ☐ Other: _____;
☐ Medical/Mental Health Issue (*Referral Required*): _____;
Other: _____

Any previous experience with hypnosis? Yes | No;

If yes, please explain (Group OR Individual): _____

How were your results? _____

What can we help you with today? Please be descriptive: _____

How long have you allowed this problem to control your life? _____

► BRIEF MEDICAL HISTORY:

List any current health problems: _____

List any medications you are currently taking: _____

Please briefly share anything else that would be helpful to know about you, (i.e., recent life-changing events such as deaths, divorce,

relationships, job changes, health issues, past trauma, accidents, etc.) : _____

Are you currently suffering from any of the following? (Please check all that apply)

- ☐ Nervousness; ☐ Inability to relax; ☐ Sleeplessness; ☐ Sadness; ☐ Sexual challenges; ☐ Alcohol abuse;
- ☐ Poor memory; ☐ Uncontrollable tendencies; ☐ Nail biting; ☐ Teeth grinding; ☐ Nightmares; ☐ Poor health;
- ☐ Cigarette smoking; ☐ Compulsive overeating; ☐ Weight management problems; ☐ Codependency;
- ☐ Inability to focus; ☐ Fear of heights; ☐ Marital problems; ☐ Recent divorce; ☐ War trauma; ☐ Current Illness;
- ☐ Death of a loved one; ☐ Childhood difficulties; ☐ Lack of energy; ☐ Poor self-esteem;
- ☐ Abusive home situation; ☐ Abusive work situation; ☐ Lack of success; ☐ Other: _____

Please list any other conditions occurring in your life that are negatively affecting you in any way?

List your three favorite places in order of preference:

1. _____
2. _____
3. _____

On vacation, do you prefer relaxation or excitement?

Please list your three most important lifetime goals:

1. _____
2. _____
3. _____

Please list your three favorite past-times/hobbies:

1. _____
2. _____
3. _____

Please list things that you like to do but that you want to do better:

If you could be, do, have, or become anything, what would you wish for?

Disclosure and Consent Form for Hypnosis/Hypnotherapy

HypnosisHealing.com, Its owner (Victor 'Jonathan' Alonso), (hereafter "Hypnotist") agrees to provide professional services in accordance with acquired training and experience to facilitate the client's attainment of treatment goals. Hypnotherapy is a client-centered approach which promotes the rapid accomplishment of precise cognitive or behavioral goals.

Waiver of Liability

By signature, the client named below voluntarily agrees to be the recipient of hypnotherapy sessions, and accepts full responsibility for any and all effects arising from the hypnosis sessions. The client shall hold Victor 'Jonathan' Alonso harmless for any physical or mental effects of hypnosis.

Methods Used

Hypnosis is not a state of sleep; hypnosis is a natural state of mind that can produce extraordinary levels of relaxation. The hypnotherapist utilizes direct and indirect suggestions to facilitate a change in the client's thoughts, feelings, and behaviors.

Audio Recording

Client agrees that portions of the hypnotherapy sessions may be recorded for our mutual protection. The Hypnotherapist does not share recordings.

Warranty

No warranty is given, expressed or implied, for satisfactory results from the hypnosis session(s).

Disclaimer

Services to be provided do not include the practice of medicine. The Hypnotist is a trained Hypnotherapist, and not a medical doctor. At no time will the Hypnotist attempt to provide medical treatment. I understand that confidentiality regarding my sessions will be honored between my hypnotist/hypnotherapist and myself. This same confidentiality is respected when working with minors under the age of eighteen. The client affirms that hypnotherapy is appropriate for them and does not conflict with existing medical or psychiatric treatment. Always follow the advice of your doctor or other professional medical practitioner.

I, the undersigned Client acknowledge that I have been advised of the foregoing information, and that I have been given a copy of this Disclosure Form.

Printed Name of Client

Signature of Client

Date _____

Printed name of Parent or Guardian

Signature of Parent or Guardian

Date _____