**Client Intake Form**

**Client Information**

1. Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Birth (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

1. Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Relationship to Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

1. Primary Care Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Physician's Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Known Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Any current or past medical conditions we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Therapeutic Goals**

1. Please describe your reason for seeking hypnotherapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you ever undergone hypnosis or hypnotherapy before? If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What are your specific goals for this therapy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health and Medical Information:**

* Are you currently under the care of a physician or other healthcare provider? (Yes/No)
* If yes, please provide their name and contact information:
* List any current medications you are taking (including dosage and frequency):
* Do you have any allergies (medications, food, environmental)? (Yes/No)
* If yes, please list:
* Do you have a history of any of the following? (Please check all that apply)
  + Anxiety
  + Depression
  + Panic Attacks
  + Sleep Disorders
  + Chronic Pain
  + PTSD
  + Eating Disorders
  + Substance Abuse/Addiction
  + Heart Conditions
  + Epilepsy/Seizures
  + Other (Please specify):
* Have you been diagnosed with any mental health conditions? (Yes/No)
* If yes, please specify:

**Lifestyle and Well-being:**

* Do you smoke? (Yes/No)
* Do you consume alcohol? (Yes/No)
* Do you use recreational drugs? (Yes/No)
* How would you rate your current stress level? (Low, Moderate, High)
* How would you rate your current quality of sleep? (Poor, Fair, Good, Excellent)
* Do you exercise regularly? (Yes/No)
* If yes, please describe your exercise routine:

**Goals and Expectations for Hypnotherapy:**

* What are the primary issues or concerns you would like to address through hypnotherapy?
* What specific goals would you like to achieve with hypnotherapy?
* Have you tried other forms of therapy or treatment for these issues? (Yes/No)
* If yes, please describe:
* On a scale of 1 to 10, how committed are you to achieving these goals? (1 = Not committed, 10 = Extremely committed)

**Additional Information:**

* Is there anything else you feel is important for your hypnotherapist to know?
* How did you hear about our hypnotherapy services? (Referral, Website, Social Media, Other)

**Informed Consent and Agreement:**

* I understand that hypnosis/hypnotherapy is not a substitute for medical or psychological treatment, and it is my responsibility to consult my healthcare provider regarding any health concerns.
* I understand that my participation in hypnotherapy sessions is voluntary and that I can withdraw from sessions at any time.
* I understand that all information shared during hypnotherapy sessions is confidential, except in cases where disclosure is required by law.
* I consent to receive hypnotherapy services and agree to the terms outlined above.

I, \_\_\_\_\_\_\_\_ (Client's Name), hereby agree that I understand the purpose and process of hypnosis therapy, and consent to undergo such treatment. I understand that the hypnotherapist does not guarantee specific results and that I am responsible for my own experience.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: This is a general form and may not cover all necessary or specific aspects related to your practice. You should consult with a legal professional to ensure your intake form meets all necessary legal requirements and adequately protects both you and your client. You may also need to adjust the form to comply with local laws regarding health data privacy and client rights.