



25 Gedney Circle • White Plains, NY 10605 • (917) 854-6940  
 www.mindbodyspirithypnosis.com

<b>Client Intake Form</b> <i>(Please print form, fill out and bring to your first appointment)</i>	
Full name	
Nickname( if used)	
Home address	
Home phone	
Cell phone	
E-mail address	
What is the best way for me to contact you?	
Birthday (MM/DD/YYYY) (optional)	
Occupation	
<b>Emergency and Medical Information</b>	
In case of emergency, contact	
Emergency contact's phone	
<i>If you have been referred by your doctor please provide the following information:</i>	
Doctor's name:	
Doctor's phone:	
Doctor's address:	
Known medical conditions that I should be aware of:	
*There are certain conditions that require a referral from a medical doctor. Please let me know if you are under the care of a psychologist or psychiatrist.	

About your visit today				
Have you ever been hypnotized before?				
If yes, what was your experience like?				
Reason for today's visit, please include as much detail as possible:				
Have you seen a medical therapist for this situation?				
Tell me about a favorite place of yours:				
What is your favorite color or colors:				
Are you afraid of water or heights?				
Are you a logical or a creative thinker?				
What is your current stress level?		1- no stress at all    2 - just slightly stressed 3- moderately stressed    4 – very stressed		
Are you suffering from any of the following? <i>(Please circle all that are appropriate)</i>				
Nervousness	Sleeplessness	Depression	Test Taking Fears	Abnormal Stress Levels
Sexual Dysfunction	Smoking	Nightmares	Creative Block	Feelings of deep sadness
Compulsive Tendencies	Alcohol Abuse	Drug Use	Marital Issues	Low self-esteem
Money Fears	Binge Eating	Fatigue	Poor Memory	Fear of leaving your home
Sexual Abuse	Death of a loved one	Teeth Grinding	Anger Management Issues	Nail Biting
Death of a pet	Abusive Home Situation	Post Traumatic Stress	Chronic Pain	Abusive to others
Loss of appetite	Procrastination Issues	Job Stress	Fear of Public Speaking	Separation/Divorce
Jealousy	Feeling Overwhelmed	Chronic Illness	Mid-Life Crisis	Loss of faith/spiritual connection
Unable to Release Past Relationships	Feelings of Guilt	Loneliness/Hopelessness	Childhood Trauma	Other:
		Lack of love		

<b>Family Information</b>	
Is your Father still alive and what is/was your relationship like?	
Is your Mother alive and what is/was your relationship like?	
Do you have brothers/sisters? Briefly describe the relationships:	
Married, Significant Other, Single or Divorced?	
Do you have any children and or grandchildren?	
Describe a few of your childhood memories	
Do you have any pets?	
<b>Age Regression and Past Life Exploration</b>	
Are you interested in age regression as part of our work together?	
Have you ever done any age regression work in the past?	
If so, what was your experience like?	
Are you interested in doing past life journeying?	
Have you ever done any past life journeying before?	
If so, what was your experience like?	



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About You and Self-Discovery		
I am happiest when:		
One of the ways I could help myself is:		
It's hard for me to admit:		
What motivates you to do your best?		
What would you like to be doing five (5) years from now?		
What would you have to change for that to happen?		
How would you describe your self-esteem levels?		
Are you willing to work at making yourself the best you can be?		
Are you willing to listen to a hypnosis CD everyday for at least 21 consecutive days and thereafter "on an as needed basis?"		
Date:		Signature or Parental Consent for clients under 18 years of age: