

Re:Source Hypnosis

700 Dupont St., Bellingham, WA 98225

Phone: (206) 595-8055

Hypnotherapy Client Intake Form

Please complete the form to the best of your ability. Your responses are confidential and will help tailor the session to your needs.

Today's Date: _____

Personal Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Email Address:** _____
- **Phone Number:** _____

Reason for Seeking Hypnotherapy

1. **Why are you coming in for hypnotherapy?**
2. **How long has this issue been going on?**
3. **What have you tried to resolve this issue?**
4. **What was successful about your past attempts?**
5. **What was not successful?**

Hypnosis History

6. **Have you tried hypnosis in the past? (circle one): Yes / No**
 - If yes:
 - **Did you believe you were hypnotized? Yes / No**
 - **Did hypnosis work for the issue? Yes / No**
7. **Do you have any concerns or fears about hypnosis?**

Health Information

8. **Have you been treated for mental health issues in the past? (circle one): Yes / No**
 - If yes, please provide details:
9. **Do you currently have any physical health issues?**
10. **Have you experienced any long-term illnesses (past or present)?**
11. **Are you currently taking any medications? (circle one): Yes / No**
 - If yes, please list:

Additional Questions

12. **Do you have any questions or concerns about hypnotherapy?**

Acknowledgment and Consent

I confirm that the information I provided above is accurate to the best of my knowledge. I understand that hypnotherapy is not a substitute for medical or psychological treatment.

Client Signature: _____

Date: _____