Paris Holistic Health

** Hypnosis Client Information Form**

 (Please Print)

Name: Birthdate:

Address:

Home Phone: Cell: Work Phone:

Email:

Add me to your mailing list (circle one): Yes No

Emergency Contact:

How did you hear about us?

Are you currently under the care of a physician?

If Yes, Physician’s Name:

Have you ever been treated for an emotional problem?

If yes, please explain:

Have you ever been treated for (**circle all that apply**) diabetes epilepsy heart disorder digestive issue

Have you ever been hypnotized before?

If yes, explain:

What do you want to accomplish through hypnosis?

Any previous attempts to resolve this issue?

If yes, what were the results?

Please list any fears of phobias?

I am willing to be guided through relaxation, visual imagery, creative visualization, hypnosis and stress reduction processes and techniques for the purposes of self-improvement. I understand that the hypnotherapy I am receiving is not a substitute for standard medical care and I have been advised to discuss with any doctor who is taking care of me now or in the future that I have had hypnotherapy. Additionally, I should continue any present medical treatment and consult my regular medical doctor for treatment for any new illness. I agree to allow my session(s) to be recorded.

Client Signature: Date:

**(Parent signature if client is under 18)**

**Privacy Notice:**

No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.