

# CONFIDENTIAL CLIENT INFORMATION

(Please print clearly)

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ Birth Date: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_

Explain in detail your objective (use the back of this sheet if you need the additional space):

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## Concerns or Interests (Please circle as many that may apply to you ☺)

Addictions	Compulsive Behaviors	Communication	Depression
Health Issues	Anxiety/ Panic	Weight Release	Shyness/ Confidence
Insomnia	Memory/Concentration	Guilt	Motivation/ Procrastination
Relationships	Self-Esteem	Grief	Stress/ Tension
Trauma	Fear/ Phobia	Family Issues	Unresolved Anger

Describe any health problems I should be aware of: \_\_\_\_\_

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Are you currently taking prescriptive medications? Yes  No

If YES, give name and purpose \_\_\_\_\_

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I understand that \_\_\_\_\_ is both a Transformational Life Coach and Certified Hypnotherapist and will be using various modalities in assisting me in reaching my goals. I understand that this is a partnership where results may vary and that my participation will be instrumental in my success. I understand that there are no expressed or implied guarantees. I am fully aware that this relationship is non-medical in nature and does not replace medical treatment. If need arises I will consult my health practitioner for services needed. I also understand that all sessions are confidential.

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