



The Intentionally Focused Mind

Client Intake Form

Date: _____

***Please fully complete this section & sign at the end of the form.**

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Best Contact #: _____ Cell Home Work Other _____

Occupation: _____

Birth Place: _____ Date of Birth: _____

Please Check the Yes or No to Each of the Following Questions:	YES	NO
Are you presently being treated by a psychologist, psychiatrist, or Counselor?		
If yes, please list reason(s).		
Do you have any recurring phobias or strong fears?		
If yes, please list.		
Do you have any compulsive tendencies?		
If yes, please describe.		
Have you ever been hypnotized before?		
If yes, for what and when.		

In your own words please explain the purpose of your visit.:

--

Name and/or describe an outdoor setting in which you feel the most calm. This place can be real or created in your mind. It should be a place which creates positive memories or feelings.:

--

***The information in the section below is optional. However, completing it will be helpful in creating the best personal hypnosis experience for you. You are STRONGLY ENCOURAGED to fully complete this section.**

Relationship Status (Please Check One):

- Single Casual Relationship(s) Committed Relationship Married
 Widowed Divorced Separated

of Children:

Ages:

How Would You Best Describe Your Religious Affiliations (Please Check One):

- Christian Muslim Naturist Spiritualist Atheist Buddhist Jewish

How Would You Best Describe Your Religious Involvement (Please Check One):

- Devout Casual Non-practicing

Have You Ever Served In the Military?

- Army Navy Marines Air Force Coast Guard # Years of Service _____

List your 3 favorite colors in order?:

1.	2.	3.
----	----	----

List your 3 favorite things to do (hobbies, past-times, etc.):

1.
2.
3.

List your 3 most important life goals:

1.
2.
3.

Favorite Music Type:

List your 3 Favorite Songs:

1.
2.
3.

List your 3 Favorite Books Stories, Poems, etc.:

1.
2.
3.

List your 3 Favorite Movies or tv shows:

1.
2.
3.

***This portion is required to be signed.**

By signing and or submitting this form I hereby certify that all required information included is true & accurate. I have no physical or psychological conditions which prevent me from utilizing hypnosis. I understand that the hypnosis portions of my appointment will be recorded and made available for me to purchase. I understand that these recordings, this form, and all information relative to both as well as any information disclosed during a session is confidential and protected. It will not be disclosed to any private third parties at any time.

(If client is a minor, a guardian permission form must also be submitted.)

X _____
Signature Date