

Susanne Hilton, CMS-CHt

Clinical Hypnotherapist
772-288-0880
Client Intake Questionnaire

Personal Information

Date: _____

Name: _____

Address: _____

E-Mail Address: _____ Phone: _____

May we leave messages for you at this phone number? _____

May we use this email address to confirm appointments and/or send self-hypnosis audio files? _____

Sex: _____ Age: _____ Marital Status: Married Single Divorced Separated

Name of Spouse: _____

Military Service: _____ Have you been diagnosed or treated for PTSD? _____

Vocation: _____

Were you referred to me? _____ by whom? _____

Medical History

Have you been diagnosed with epilepsy or seizures? _____

Allergies: _____ Fears or Phobias: _____

Medical Conditions or Challenges _____

Are you currently under a physician's care for any of the above? _____

Name of physician _____

When was your last visit: _____ Was anything about this visit notable? _____

Medications: _____

Have you spoken to your physician about hypnotherapy as an adjunct to your therapy? _____

Have you ever had any mental health treatment with a psychiatrist, counselor or social worker? _____

Give a brief description: _____

Are you receiving any mental health treatment now: _____ Name of health professional: _____

Have you spoken to your mental health professional about hypnotherapy as an adjunct to your treatment: ___?

Habits: (Frequency) Alcohol _____ Tobacco _____ Coffee/Tea _____

Special Diet _____ Recreational Drugs _____ Other _____

Family History: _____

Family Physician: _____ Last Visit: _____

Are you in general good health? Yes ___ No ___ If not, issue is: _____

Have you been hypnotized previously? Y N When? _____ For what issue? _____

What do you wish to accomplish through Hypnosis? _____

Have you previously attempted to achieve the above stated goals? _____

How and with what success? _____

The client in signing this form acknowledges understanding the questionnaire, and all information provided by the client is complete and accurate to the best of their knowledge. The client acknowledges that hypnosis is not a substitute for other professional services, including but not limited to medical, psychological, financial or legal. The client also acknowledges that hypnosis is a process whereby the client is guided in the use of their own natural abilities for their own benefit and self-improvement.

Client Signature: _____ Date: _____