

CLIENT INFORMATION FORM

(Please Print Clearly)

CONTACT INFORMATION

Name: _____ Date: _____

DOB: _____ Gender: Female Male Height: _____ Weight: _____

Address: _____
Street Address City State Zip

Cell/Home Phone: _____ E-Mail Address: _____

Military Service: _____ Years Served: _____

Have you ever been hypnotized? Yes No If yes, give brief history: _____

How did you hear about us? _____

FAMILY INFORMATION

Relationship Status: Single Divorced Separated Married
 Partnered Widowed Other: _____

Name of Spouse/Partner (If Applicable): _____

Children (Names & Ages): _____

Please list any other significant people in your life: _____

VOCATION/EDUCATION

Highest Grade Completed: _____ College Major (If Applicable): _____

Current Occupation: _____

Work History: _____

PHYSICAL/MENTAL HEALTH

Family Physician: _____ Office Phone: _____

May we contact your physician and update them on your Progress? Yes No

Are you in good Physical Health? Yes No If no, please explain: _____

Habits: (Check all that apply)

- Alcohol – Average drinks per day _____ Coffee/Tea Special Diet
 Tobacco – Average smoke/chew per day _____ Other _____

Medical History: (Check all that apply)

- Diabetes Alcoholism Addiction Fibromyalgia Migraines IBS
 Insomnia High Blood Pressure Asthma Heart Trouble

Medical Conditions (If Applicable): _____

Mental Health Provider (If Applicable): _____

Are you in good Mental Health? Yes No If no, please explain: _____

Have you ever received treatment for mental health conditions? Yes No

If yes, please list mental health condition(s) and describe treatments: _____

Have you ever taken prescription drugs for anxiety, depression, and/or other mental health problems? Please explain: _____

List Current Prescriptions (If Applicable): _____

(Attached a prescription list if too Long to write out)

HOBBIES AND INTERESTS

CURRENT AREAS OF INTEREST

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Life Coaching | <input type="checkbox"/> Health Related | <input type="checkbox"/> Chronic Stress | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Living Happy Life | <input type="checkbox"/> School/Education | <input type="checkbox"/> Tension States | <input type="checkbox"/> Drinking |
| <input type="checkbox"/> Achieving Goals | <input type="checkbox"/> Study Habits | <input type="checkbox"/> Anxiety/Fears | <input type="checkbox"/> Pre/Post Surgery |
| <input type="checkbox"/> Relationships | <input type="checkbox"/> Procrastination | <input type="checkbox"/> Stress Reduction | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Success Motivation | <input type="checkbox"/> Perseverance | <input type="checkbox"/> Self-Control | <input type="checkbox"/> Dr. Referred Med |
| <input type="checkbox"/> Better Performance | <input type="checkbox"/> Memory/Recall | <input type="checkbox"/> Improve Self-image | <input type="checkbox"/> Resolving Past |
| <input type="checkbox"/> Business Related | <input type="checkbox"/> Test Taking | <input type="checkbox"/> Build Self-confidence | <input type="checkbox"/> Regression |
| <input type="checkbox"/> Vocation Related | <input type="checkbox"/> Situational Stress | <input type="checkbox"/> Stop Smoking | <input type="checkbox"/> Past Lives |

Other: _____

YOUR GOALS and OBJECTIVES

OTHER INFORMATION and GOALS

Client (Parent or Guardian) Signature: _____ **Date:** _____

My Hypnotherapist, Darlene Dill, has informed me that she frequently uses hypnosis as a helpful technique in treatment for a variety of conditions. I understand that hypnosis is a way of inducing a pleasant, voluntary state of relaxed attentive concentration, an altered state of consciousness, during which the critical mind is relaxed and relatively inactive, and the doorway to the subconscious, inner mind is opened with a person's permission. In this comfortable state, suggestibility is heightened, mental absorption is increased, the senses are heightened, and the imagination is activated in a controlled manner. The inner mind is more receptive to acceptable, beneficial suggestions.

I understand that no one can be hypnotized against their will and must be a willing subject in order for this technique to be effective. Your hypnotist must have your full cooperation. I understand that hypnosis is not about turning over your power but is a collaborative and cooperative teacher/student relationship.

While in hypnosis, you are in a relaxed state, aware of your surroundings and not asleep, able to hear the sound of the facilitator's voice while in a dreamlike state. The conscious mind is turned off while the creative and intuitive part of the mind is fully aware of everything that is going on. This allows the positive constructive suggestions to be absorbed and utilized for the requested outcome.

The requirements for being a good hypnotic subject are mainly the desire to be hypnotized and to experience hypnosis, the ability to concentrate, the willingness to cooperate and follow instructions, and the relative absence of mistrust and fear.

I understand that as part of a collaborative therapeutic relationship, hypnosis can be used as a tool to explore and uncover unconscious material and as a tool to refresh memory. I also understand that, under the laws of certain states, the use of hypnosis could make material recalled before, during and after its use inadmissible in a court of law. I acknowledge that decisions about whether memory material is "true" or not belong to myself and not to Darlene.

CONSENT

I understand that hypnosis, as practiced by Darlene Dill, is not a medical treatment but a process whereby an individual is taught to use their own abilities for their own benefit. With this understanding I hereby grant permission to Darlene Dill, CH to hypnotize me.

Client (Parent or Guardian) Signature: _____ **Date:** _____