

MTU Hypnosis - Client Intake Form

All information is strictly confidential except where required by law or your written consent.

We prefer that you complete this intake form online.

1. SAVE to your DESKTOP. 2. Then fill the form in. 3. Save, but also RE-NAME the file by ADDING YOUR NAME to the File name. 4 Email: to mtuintake@gmail.com but ADD YOUR NAME to the Subject line and ATTACH THE SAVED INTAKE. OR You may print out the intake form, fill it in, and bring it to your appointment.

1. Name: _____

2. Home Phone: _____ Cell: _____ Accept Texting? N Y

Work: _____ E-mail: _____

3. Address: _____ City: _____ Zip: _____

4. Age: _____ Birthdate: _____ Sex: _____ Marital Status: M S D Sep. Wid.

5. If children, what are their ages? _____

6. Occupation: _____

7. Highest education level completed: _____

8. Doctor's Name: _____ Phone: _____

Complete Address: _____

9. Are you under a doctor's care now? N Y

10. (A.) Indicate any current health problems:

(B.) Indicate any medications being taken & their purpose:

11. Emergency Contact: _____ Phone: _____

12. Do you have light sensitive epilepsy? N Y

13. Do you wear contact lens? N Y Dentures? N Y

14. Have you ever been psychologically treated for an emotional/behavior problem? N Y

15. If yes, are you currently receiving treatment or counseling? N Y

Provider name: _____ Phone: _____

Complete Address: _____

16. Why are you seeking hypnotherapy?

17. What do you think is the cause of the issue/problem?

18. What previous efforts, if any, have you taken to solve this problem?

19. What makes you happy? _____

20. Have you ever been hypnotized? N Y Number of times? _____

21. If hypnotized before: indicate private or group/purpose/result?

MTU Hypnosis - Client Intake Form

22. If you have any fears, concerns, or questions about hypnosis, please describe:

23. How did you find MTU Hypnosis? _____

24. Do you know anyone personally who used hypnosis to improve or change his or her life? N Y

25. Select the most important element in deciding to use our services.

Effectiveness
your results

Service
how we respond to your needs

Time
how fast you get results

Affordable
what we charge

26. List your e-mail address if you are interested in receiving our e-newsletter: _____

27. List 5 positive benefits you get by eliminating your problem:

Example: I am more relaxed and at ease even when dealing with stressful situations.

a) _____

b) _____

c) _____

d) _____

e) _____

28. Where applicable, check the issues you have been dealing with and/or would like to resolve.

Weight Control

Self Confidence

Migraines

Stress Management

Improved Concentration

Teeth Grinding/Jaw Clenching

Fear of Flying/Heights

Medical/Dental Procedures

Performance Anxiety

Insomnia

Anxious

Time Management

Nail Biting/Picking

Feeling Overwhelmed

Sales

Stuttering

Organizational Skills

Skin Problems

Sports Improvement

Procrastination

Alcoholism

Visualization

Learning/ADD

Gagging Reflex

Memory Improvement

Anger

Nervous Tics

Pain Management

Jealousy

OCD

Smoking Cessation

Vertigo

Relationship Issues

Tobacco Chewing

PTSD

Over-Healing/Scarring

Tension Headaches

High Blood Pressure

Pre/Post Surgery

Test Taking/Study Habits

Warts

Infertility

Bed Wetting

Cancer/Chemo/Radiation

Drug Addiction

Habit Control

Job Interview Anxiety

Panic Attacks

Public Speaking

IBS

Gambling

Motivation

Nervous Stomach

Other _____

First & Last Name: _____

Signature: _____ Date: _____

You will sign this client intake form at your appointment.