

**COMPLEMENTARY & ALTERNATIVE SOLUTIONS
EXCELLENCE IN COUNSELING,
CLASSES AND TRAINING SEMINARS**

CERTIFIED HYPNOTHERAPIST:

NAME:{please print}: _____ Date: _____

ADDRESS: _____

PHONE: {home} _____ {work} _____ DATE OF BIRTH: _____

AGE: _____ MARITAL STATUS: _____ SEX: _____

CHILDREN:{number, ages, sex and names} _____

OCCUPATION: _____ DESIRED OCCUPATION: _____

PURPOSE OR REASON FOR THIS VISIT: _____

HOW DID YOU HEAR ABOUT US?: _____

HAVE YOU EVER SEEN A HYPNOTHERAPIST BEFORE?: _____

IF SO, WHAT WERE THE RESULTS?: _____

ARE YOU CURRENTLY UNDER A DOCTOR'S CARE?: _____

IF SO, FOR WHAT REASON?: _____

WHAT, IF ANY, MEDICATION ARE YOU CURRENTLY TAKING?: _____

DO YOU WEAR CONTACT LENSES OR GLASSES?: _____

CHRONIC ILLNESSES?: _____

ADDICTIVE HABITS?: _____

DO YOU SLEEP SOUNDLY?: _____

ARE YOU OFTEN DEPRESSED?: _____

HOBBIES AND SPORTS?: _____

DO YOU HAVE ANY QUESTIONS ABOUT HYPNOTHERAPY?: _____

HAVE YOU USED SELF HELP TAPES BEFORE?: _____

DO YOU HAVE ANY FAVORITE MOTIVATIONAL BOOKS?: _____

HAVE YOU HAD ANY EXPERIENCES WHICH YOU CANNOT EXPLAIN?: _____

WHAT IS YOUR PERSONAL MISSION STATEMENT? _____

ALL INFORMATION IS STRICTLY CONFIDENTIAL

I the undersigned, having requested an evaluation for counseling and Hypnotherapy, understand that Hypnotherapy is a conditioning process, whereby an individual is taught to use their own abilities, for their own long lasting results.

SIGNED: _____

2659 W. Guadalupe Road – Suite C-119
Mesa, Arizona 85202