

MARCIA PROCTOR HYPNOTHERAPY

Marcia D. Proctor, CHT

CLIENT INTAKE FORM

NAME: _____ TODAY'S DATE: _____

ADDRESS: _____

PHONE: HOME _____ MOBILE _____ BIRTH DATE: _____ SEX: _____

EMAIL: _____ MARITAL STATUS: _____ CHILDREN: _____

OCCUPATION: _____ EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

HOW DID YOU HEAR ABOUT MARCIA PROCTOR HYPNOTHERAPY? (PLEASE CHECK ALL THAT APPLY)

☐ MEDICAL REFERRAL: ☐ PHYSICIAN ☐ PSYCHOLOGIST ☐ RELATIVE ☐ FRIEND ☐ INTERNET ☐ COWORKER

☐ OTHER: _____

HAVE YOU EVER BEEN HYPNOTIZED? YES ☐ NO ☐

IF SO, DESCRIBE WHEN, WHERE, WHY, BY WHOM _____

HAVE YOU EVER WALKED IN YOUR SLEEP?

YES ☐ NO ☐

HAVE YOU EVER TALKED IN YOUR SLEEP?

YES ☐ NO ☐

MEDICAL HISTORY

HAVE YOU RECEIVED TREATMENT (PHYSICAL OR PSYCHOLOGICAL) IN THE PAST YEAR? IF YES, PLEASE DESCRIBE:

NAME OF PHYSICIAN OR PSYCHOLOGIST _____ PHONE _____

HAVE YOU EVER BEEN TREATED FOR AN EMOTIONAL PROBLEM? __ YES __ NO

ARE YOU CURRENTLY RECEIVING TREATMENT OR COUNSELING? __ YES __ NO

HAVE YOU HAD ANY PROLONGED ILLNESS __ YES __ NO (IF YES, WHEN?) _____

HAVE YOU EVER BEEN TREATED FOR? (CHECK ALL THAT APPLY) __ DIABETES __ EPILEPSY __ HEART CONDITION

IF YES, WHEN? _____

NATURE OF PRESENT PROBLEM? (REASON YOU ARE SEEKING HYPNOTHERAPY TREATMENT)

ANY PREVIOUS EFFORTS TO SOLVE THE PROBLEM? __ YES __ NO

RESULTS? _____

ARE YOU CURRENTLY UNDERGOING MEDICAL OR PSYCHOLOGICAL TREATMENT FOR THE PROBLEM? __ YES __ NO

WHERE? _____

CLIENT SIGNATURE: _____

Client acknowledges understanding this questionnaire and all information provided is complete and accurate to the best of their knowledge.

All information is strictly confidential.