

EVOLVED BEING

Client Confidential INTAKE FORM

First Name: _____

Last Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Cell Phone: _____

Date of Birth: _____

Referred By: _____

Emergency Contact Name and Number : _____

Please explain your current objective or goal that you are wanting to work on?

Are you currently under the care of a doctor or physician for any pre-existing mental or physical

health conditions that we should know about? Yes No

Are you taking any medications? Yes No

If YES for any of the above, please explain:

Have you received hypnotherapy before? Yes No

Briefly explain what you know about hypnotherapy and/or any questions you have about the practice:
