

Today's Date

Name

Age

Date of birth

Phone

Email

Occupation

Referred by

Purpose for visit? Complaint?

What do you do for hobby or relaxation?

Have you ever been hypnotized? When?

Do you practice any relaxation techniques?

Meditation, Yoga, Prayer, hypnosis, guided imagery

Do you have artistic inclinations and/or talents?

Please circle 3 words that best describe the way you would like to feel after your hypnosis session.

Confident,

Attractive,

Independent,

Lighter,

Optimistic,

Peaceful,

Empowered,

In Control,

Nonsmoker,

Focused,

Happier,

Healthier,

Stronger

Less stressed

Other:

When you watch a movie, a video, or a game are you so captivated that, at times, you feel you are in the film?

Can you get so wrapped up in your thoughts that you are "miles away" in your mind?

Do pleasant memories create pleasant sensations in you?

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Do unpleasant memories make you feel uncomfortable?

Are there people whom you trust completely?

Do you have any health problems? Diabetes, Epilepsy, Heart Disorder, Digestive Problems, or others that I should be aware of?

Medications?

Have you ever been treated for emotional problems? Yes/No

If yes, please explain.

Are you currently seeing, or have you previously been seeing a counselor or therapist? May I contact them?

Who, Where, When?

On the scale: 1 the least 10 the most

Do you have any pain today? (circle) 1 2 3 4 5 6 7 8 9 10

How well are you sleeping? (circle) 1 2 3 4 5 6 7 8 9 10

Release Statement:

I _____ hereby authorize Laura Szafranski, certified consulting hypnotist to hypnotize me for _____

Ex. (confidence, smoking, weight management, phobias, fears, stress etc.)

Or/and for any future purposes that I may request.

I understand that the success of my hypnosis session greatly depends on my ability to relax and my desire to create a change in myself.

I understand that because the results of my session greatly depend on my own serious participation Laura Szafranski cannot offer any guarantee of success.

However, I am aware that Laura Szafranski will do everything reasonable to ensure my success.

I am willing to be guided through relaxation, visual imagery, creative visualization, hypnosis, and stress reduction processes and techniques for the purpose of vocational or avocational self-improvement.

I understand that the hypnosis I am receiving is not a substitute for normal medical care and I have been advised to discuss this hypnosis with a doctor for medical treatment and/or consult my medical doctor for treatment of any new or old illnesses.

Client Signature:

Parent or guardian
