



MIND MATTERS[®]
HYPNOSIS CENTER, LLC

Client Information

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone(____) _____ Work Phone_(____) _____ E-Mail Address _____

Date of Birth ___/___/___ Age ___ Marital Status _____ # of Children _____

Employed By _____ Title _____

How did you hear about us? Yellow Pages ___ Advertisement ___ Referral _____

Purpose of Visit

Reason(s) for coming for hypnosis? _____

How long have you had this issue? _____

How would you rate severity of this issue on a scale of 1-10 _____

What else have you used to address this issue? _____

Have you been hypnotized before? Yes ___ No ___ By Whom? _____

For what reason? _____

Medical History

Have you been under a Dr.'s care in the past year? Yes ___ No ___ If yes, please give the reason _____

_____ Dr.'s Name _____

Have you ever been treated for an emotional problem? Yes ___ No ___ If yes, please give the reason _____

_____ By Whom? _____

Have you had any prolonged illness? Yes ___ No ___ Description _____

Have you ever been treated for? Heart problems _____ Diabetes _____ Epilepsy _____

Are you currently undergoing either medical or psychological treatment for the above problem (s)?

Yes ___ No ___ If yes, what is the treatment _____ By Whom? _____

Are you currently taking any medication? Yes ___ No ___ If Yes, what? _____

Reason for the medication? _____

Signature _____ Date _____

If you wear hard contacts please remove them before your session.