

Client Intake Form

Name:		
Address:	Home Telephone: Mobile: Any calling preferences: Is discretion required?	
Email address:		
Date of Birth:		
Occupation:		
How did you hear about my service:		
Doctors name and address (if known):		
Allergies:	Phobias:	Smoker? Y (how many) N
Any medication taken:		
What would you like to achieve with Hypnotherapy?		
How long has this been the case?		
What else have you tried and with what success?		
What, if any, is your experience of hypnosis?		
Any other information you think may be relevant (continue overleaf if necessary):		