



Pay It Forward Hypnosis, LLC

Client Intake Form

To help make the most of your time during your sessions, please take a few minutes to fill out the information requested below.

The information you share during your session(s), as well as on this form, will be confidential.

Full Name _____ Birth Date _____ Today's Date _____

Mailing Address _____

Primary Phone _____ Secondary Phone _____

Professional Status/Position: _____

Marital/Relationship Status: _____ Children's Ages _____

Significant Other knows you are here? _____ Significant Other is supportive of your goal? _____

You learned of Pay It Forward Hypnosis, LLC from _____

Please write "N/A" if not applicable. If applicable, please share the relevant information. Do you have:

Allergies/Phobias _____

Easily triggered emotions _____

Nervous habits _____

Difficulties socializing _____

Stress-inducing perfectionistic tendencies _____

Tendencies to worry or to focus on the negative _____

Difficulty handling pressure _____

High/low energy periods that are noteworthy _____

Tendencies to overeat _____

Tendencies to consume sugar/caffeine or alcohol/tobacco _____

Tendencies to consume drugs (over the counter, prescription, "other") _____

Depression or other emotional issues _____

Medical conditions (Are you seeing a doctor and/or taking any medications?) _____

List major illnesses, operations, accidents or trauma (including abuse) with approximate age _____

Do you have a weak/vulnerable part of your body (health or otherwise)? _____

What tends to bring you stress? _____

Where do you feel/hold stress in your body? _____

What were you like as a kid? _____

What tends to bring you relaxation/joy? _____

What are your main interests/talents/abilities? _____

Who is your hero/heroine and why? _____

What do you love most? _____

Whom do you love most? _____

What place(s) do you love most? _____

List your "top" personal goals in order of importance to you _____

What do you feel is your life's purpose? _____

If you knew you couldn't fail, what would you try to achieve? _____

What would you like to accomplish with your sessions? _____

What have you tried in the past to achieve these goals? _____

Do you observe any religious or regular meditative practice? _____

What are your main beliefs/values? _____

What are your beliefs/hopes/concerns/etc. about hypnosis? _____

If you have been hypnotized before, please answer: When (month/year)? _____

For what purpose? _____

As a Group or Individual or Recording? _____ Was it helpful? _____

What did you like or dislike about it? _____

What intention(s) would you like to set for our hypnosis session(s)? _____

Use your imagination in the space below. In the form of a drawing, express your highest priority concerns and/or goals.

I agree that all background information above is accurate and complete.

Signature _____ Date _____

