



Forms need to be submitted at least 24 hours prior to your first session.

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 the 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 _____

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? _____

Please fill out second page of form as well. →

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 would you like to accomplish with your sessions? _____

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

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? _____

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 _____

Forms need to be submitted at least 24 hours prior to your first session.