

Self-Assessment Questionnaire/Intake & Release Form

Name: _____

Date: _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Daytime Tel: _____

Evening Tel: _____

Email: _____

DOB: _____ Age: _____

Referred By: _____

Home Status: _____ Married/Live-In Partner _____ Single _____ Divorced
_____ Children

Occupation: _____

Employer: _____

Name of Spouse/Partner: _____

Name(s) and Age(s) of Child(ren):

Pets: _____

1) List 3 favorite places in order of preference:

a. _____

b. _____

c. _____

2) Name 3 favorite hobbies or tasks you enjoy doing, during free time;

a. _____

b. _____

c. _____

3) List any fears or significant anxieties you may have. (E.g. animals, closed spaces, flying, etc.):

4) Are you currently experiencing any of the following:

(Please check all that apply.)

___ nervousness ___ inability to relax ___ sleeplessness ___ depression

___ compulsive tendencies ___ nail biting ___ alcohol abuse ___ drug abuse

___ teeth grinding ___ nightmares

___ poor health ___ cigarette smoking ___ serious eating issues

___ poor memory ___ war trauma ___ childhood trauma

___ inability to focus attention/A.D.D. ___ fear of heights ___ lack of energy

___ poor self-esteem ___ lack of success ___ abusive home situation

Other: _____

5) Do you, or have you experienced? ____seizures ____heart condition
____dizziness

If yes, please explain.

6) Are you being treated by a physician or medical professional for any
specific conditions or diagnosis? ____Yes ____No If yes, please explain
below.

Physician Name: _____

Phone: _____

7) Are you being treated by a psychiatrist/psychologist/psychotherapist?
____Yes ____No If yes, please explain

Therapist Name: _____

Phone: _____

8) Have you ever been hypnotized before? _____ Yes _____ No If yes,

When: _____ by Whom: _____ For

What: _____

Was it successful? Why or why not?

9) What is your goal or expectation in this hypnotherapy session?

10) Please list other hypnosis goals you may have, which may (or may not) be easily included in this session, or possible future sessions? Any things that you would like to personally improve on in general?

11) How did you hear about Discovery Hypnosis?

12) Do you follow any spiritual or meditative practices? ____Yes ____No If yes, please describe.

RELEASE STATEMENT:I hereby authorize Allen Kelly of Discovery Hypnosis, to hypnotize me for the purposes outlined in this intake form, and for future purposes that I may request. I fully understand that the success of my hypnosis therapy depends greatly on my ability to relax, and the level of my desire to create positive change in myself. I also understand that because the results of my sessions depend greatly upon my own serious participation, that Discovery Hypnosis cannot offer any guarantee of the success of my treatment. I am aware, however, that Discovery Hypnosis will do everything ethically reasonable, within its power to ensure, my success.

Client Signature _____

Date: _____