

HYPNOTHERAPY & REIKI FOR MIND, BODY AND SOUL

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Confidential Intake Questionnaire:

Date: _____

Name: _____ Date of Birth: _____ Present Age: _____

Address: _____

Phone Numbers: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Referred by: _____ Marital Status/History: _____

Educational Background (degrees, certifications, training):

Occupation: _____ Employer: _____

Family/Others you grew up with:			Family/Others you currently live with:		
Name	Relationship	Age	Name	Relationship	Age

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

For what questions or concerns are you currently seeking help?

List three ways you would like your life to be different one year from now:

Past Counseling/Psychotherapy/Hypnotherapy History (Type, Date, and Duration):

Religious/Spiritual Background/Orientation:
growing up: _____

currently: _____

What do you believe in that gives meaning to your life?

Is there any history of sexual or other abuse/trauma in your life?

Have you ever attempted suicide? _____

Are you currently having suicidal thoughts?

Are you currently taking medication?

If yes, what type/effects?

Do you use alcohol?

If yes, weekly frequency/amount?

Do you use other drugs? _____

If yes, type/frequency/effect?

Do you have any allergies? _____

Do you have a medical condition I should be aware of? _____

Are you currently receiving care from any medical practitioner or alternative health care provider (acupuncturist, body worker, chiropractor, psychic, etc.)? If yes, please describe:

Payment Policy: Payment by check or cash is requested at each session. Sessions are 60 minutes long and are \$80-\$120 sliding scale or \$60-\$80 sliding scale for Reiki only.

Cancellation Policy: At least 24 hours notice is required. Full fee will be charged for missed appointments.