

Intake Hypnotherapy/Journeying

Today's date _____

Name: _____ Occupation _____

Height _____ Weight _____ Age _____ Date of Birth _____

Please check as appropriate and provide details as necessary. Any information you wish to provide is helpful. All information is confidential.

Please indicate if you have/ had problems with any the following:

- | | | |
|--------------------------|---------------------------------|----------------------|
| Addiction ___ | Fear ___ | Racing Thoughts ___ |
| Aggressiveness ___ | Financial Stability ___ | Rapid Pulse ___ |
| Anger ___ | Grief/Loss ___ | Seeing Things ___ |
| Anxiety ___ | Guilt ___ | Serious Illness ___ |
| Apathy ___ | Headaches/TMJ ___ | Sexual Abuse ___ |
| Appetite changes ___ | Hearing Voices/Noises ___ | Sexual/Fertility ___ |
| Bad Dreams ___ | Hopelessness ___ | Sleep ___ |
| Compulsivity ___ | Impulsiveness ___ | Social Anxiety ___ |
| Depression ___ | Loneliness ___ | Stress ___ |
| Difficulty Breathing ___ | Loss of Control ___ | Trauma |
| Digestive Problems ___ | Difficulty Making Decisions ___ | Trouble Focusing ___ |
| Dizziness ___ | Memory ___ | Trouble Relaxing ___ |
| Drug Abuse ___ | Nervousness ___ | Unhappiness ___ |
| Eating Problems ___ | Pain ___ | Verbal Abuse ___ |
| Emotional Abuse ___ | Panic ___ | Weakness ___ |
| Fatigue ___ | Physical Abuse ___ | Work Problems ___ |

Any Other(s) that are not on this list?

Please explain:

Please tell me why you are seeking Heart-Centered Hypnotherapy:

How long have these concerns been causing you to feel imbalanced? Explain

Have you ever been diagnosed with a mental health condition? Explain

Have you ever experienced suicidal thoughts? When?

Have you ever attempted suicide? When? How?

Do you have a social support network/community? If yes, who?

Do you have a spiritual practice/community? If Yes, where?

How important are spiritual matters to you?

Would you like your spiritual/religious beliefs to be included in our work? If yes, how much?

Are you under the care of a medical practitioner? (MD, chiropractor, naturopath, psychologist, etc.) If yes, please explain.

List any medications you are using and their purposes.

Have you been hospitalized or had surgery in the past five years? Please explain.

Do you currently have any infectious conditions or diseases? Please explain.

Is there anything relating to your health (any level) which you are concerned about?

Is your health (any level) preventing you from doing what you want to do with your life?

Please describe your history of accidents, injury, pain, immobility, sensory imbalances, traumas, ailments, etc..

Relationships. Mother _____ Father _____ Spouse _____
Kids _____ Siblings _____ Pets _____
Other significant relationships in your life-

Sleep. Average hours of sleep per night _____ On rising: Refreshed Tired
Type of Exercise _____
Hours per day (avg.) _____ Hours per week (avg.) _____
Please describe your diet.

Is there anything you wish to add?

1. Why do you choose to experience Heart-Centered Hypnotherapy?
2. What is the most pleasing aspect of your life right now?
3. What is the most unsatisfactory part of your life?
4. How much responsibility do you assume for the situations in questions (2) and (3) above?

5. What is the best thing that could happen to you as a result of your experience with Heart-Centered Hypnotherapy?

6. What is the worst thing that could happen?

7. What do you like most about your life?

8. What do you like least about your life?

9. Is there anything about yourself you would like to change?

10. What is your earliest memory? What was your age then?

Who referred you to me?

Terms of Service: I certify that the above information is true and correct to the best of my knowledge and ability. I understand that my personal information is kept confidential, unless an exception is made according to the Notice of Privacy Policy, which I have received.

Signed: _____ Date: _____