

Client Contact and Intake Form - CONFIDENTIAL

Lori Nicholson, Master Hypnotist

CLIENT CONTACT INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Okay to leave messages at this number? _____

Mobile Phone: _____

Okay to leave messages at this number? _____

E-Mail Address: _____

How do you prefer to be contacted? _____

May I add you to my client distribution list, in order to alert you to specials and/or upcoming events? _____ (All information will be kept confidential)

Occupation: _____

How did you hear about Well Awakened Hypnosis?

GENERAL HEALTH

1. Have you ever had a serious physical illness? If yes, please supply some detail:

2. Have you ever been diagnosed with a mental illness? If yes, please specify: _____

3. Have you ever received any form of psychotherapy or counseling? If so, for what reason? _____

4. Do you avail yourself of other types of healing modalities (i.e. homeopathy, herbal medicine, acupuncture, massage, acupressure, chiropractic, etc?) If yes, please specify:

5. Have you ever, or are you currently taking any prescription medications? If so, please supply as much detail as possible:

SPECIFIC MEDICAL HISTORY¹

PLEASE CHECK “YES” OR “NO” NEXT TO EACH ITEM.

Symptom	Yes	No	Symptom	Yes	No
Allergies			Hormonal Disorders		
Blood Pressure, High			Migraines		
Blood Pressure, Low			Muscular Problems		
Circulatory (Embolism, Thrombosis, Aneurysm)			Post-Natal Depression		
Digestive Problems			Respiratory Disorders		
Epilepsy			Skeletal Disorders		
Head Injuries			Any Other Health Issue?		
Heart Problems					

If you checked “Yes” to any of the above items, please provide detail and dates:

Are you pregnant? _____

Do you smoke? If so, how many cigarettes per day? _____

How many years have you smoked? _____

Have you ever tried to quit previously? _____

If so, when? _____

For how long were you successful? _____

Do you drink alcohol? If so, how many drinks per day/week/year? _____

Do you take recreational drugs? If so, which one(s) and how often? _____

¹ NOTE: I am a Certified Hypnotist, not a medical provider. These questions are to help me understand your situation better, not to provide any type of diagnosis or treatment. Please consult your care provider with specific medical questions. Your answers to these questions will help me determine whether I need a referral from your care provider prior to us working together.

5. How will you know when you have achieved your desired change?
6. Have you had any other hypnosis sessions before? If so, for what reason and when?
What were the outcomes?
7. What will you gain and/or lose when you achieve your desired change?
8. Is there anything else about your situation that would be helpful for me to know?

Well Awakened Hypnosis
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