



## CLIENT INFORMATION

Please email completed form to: [Wayne@RMHypnosis.net](mailto:Wayne@RMHypnosis.net) prior to scheduled sessions  
*ALL INFORMATION IS STRICTLY CONFIDENTIAL*

First Name

Last Name

Date of Birth:

Sex:

Email:

☐ Male

☐ Female

Address:

City:

State:

Zip:

Home Phone Number:

Cell Phone Number:

## CLIENT SELF-ASSESSMENT

What is the presenting Issue?

When and under what circumstances did this issue begin?

How has this affected your life?

Has it ever been different?

What specifically about your issue is leading you to seek out hypnosis as a means of help?

Have you tried other kinds of therapies?

☐ Yes ☐ No If "yes" what types of therapies:

What life-style or attitude changes have been partially successful?



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Do you associate any of these emotions with your issue?

- |  |                                  |   |  |   |
|--|----------------------------------|---|--|---|
| <input type="checkbox"/> Depression    | <input type="checkbox"/> Fear    | <input type="checkbox"/> Glamour              | <input type="checkbox"/> Shame         | <input type="checkbox"/> Romance                  |
| <input type="checkbox"/> Loss          | <input type="checkbox"/> Grief   | <input type="checkbox"/> Abandonment          | <input type="checkbox"/> Embarrassment | <input type="checkbox"/> Frustration              |
| <input type="checkbox"/> Anger         | <input type="checkbox"/> Sadness | <input type="checkbox"/> Masculinity          | <input type="checkbox"/> Happiness     | <input type="checkbox"/> Boredom                  |
| <input type="checkbox"/> Femininity    | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Lack of Satisfaction | <input type="checkbox"/> Relaxation    | <input type="checkbox"/> Loneliness Sexual Issues |
| <input type="checkbox"/> Other : _____ |                                  |   |  |   |

*\*Check all that apply. (If you're not sure, just "go with your gut" and use your intuition.)*

## MEDICAL HISTORY

Are you currently being treated for any of the issues you want to be hypnotized for?

☐ Yes ☐ No *If "yes" name all Dr's and provide contact info for them.*

Name:

Phone:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Medications for this issue are:

Have you had, or do you now suffer from any prolonged illness?

☐ Yes ☐ No *If yes, please explain:*

I, the undersigned, understand all questions and verify that all information is complete and accurate to the best of my knowledge. I also understand that they hypnotic methods used by Hypnotist(s) at Reflective Mind Hypnosis are not a substitute for medical or psychiatric treatment. I understand these methods to be a conditioning process, whereby an individual is taught to use their own abilities for their benefit and well-being. With this understanding, I hereby grant the Hypnotist(s) of Reflective Mind Hypnosis permission to hypnotize me or the minor child whose name appears at the top of this form. I (we) further grant permission for the sessions to be recorded/taped as needed.

**RELEASE STATEMENT:** I hereby authorize Wayne H. Walker to hypnotize me for the purposes outlined in this intake form and for future purposes that I may request. I understand that the success of my hypnosis therapy depends greatly on my own ability to relax and desire to create change in myself. I understand that because the results of my sessions depend greatly upon my own serious participation that Mr. Walker cannot offer any guarantee of the success of my treatment. I also understand that no refunds will be given after sessions are complete. I am aware however, that Mr. Walker will do everything reasonably in his power to ensure my success. I certify that I am at least 18 years of age.

By signing this document, I am confirming that all information is true to the best of my knowledge, and I agree to all the terms listed above. I give Wayne Walker, Master Hypnotist Permission to contact my doctor(s) and/or therapist(s) only if the need should arise.

Client's signature

Date

<input type="text"/>	<input type="text"/>
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Guardian's signature (if client is a minor)

Date

<input type="text"/>	<input type="text"/>
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