

## Confidential Client Information

Name:	Today's Date:
Address:	Phone:
City:	OK to leave messages? <input type="checkbox"/> Yes <input type="checkbox"/> No
State:                      Zip:	Date of birth:                      /                      /
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single/never married <input type="checkbox"/> Widowed	Referred by:
Occupation:	
May I add you to my email list? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain your objectives for the session:	
History of: <input type="checkbox"/> Heart trouble <input type="checkbox"/> Epilepsy <input type="checkbox"/> Lung disorder	
Describe any other health problems we should be aware of:	
Primary physician	Phone
Permission to contact physician, only if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently on any medications or supplements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide name and purpose:	
Recreational drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	
How much alcohol do you drink per week? <input type="checkbox"/> None <input type="checkbox"/> 1-2 drinks <input type="checkbox"/> 3-9 drinks <input type="checkbox"/> 10+ drinks	
Have you ever used any of the following: <input type="checkbox"/> Hypnotherapy <input type="checkbox"/> Psychotherapy <input type="checkbox"/> Self-hypnosis <input type="checkbox"/> Meditation <input type="checkbox"/> EFT/Tapping	
Please describe your experience with the above, if applicable. For what purpose? When?	

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I hereby agree and request to be hypnotized and acknowledge that hypnosis presents a potentially powerful mental and physical regulating tool. I understand that personal results will vary and that there are no expressed or implied guarantees or warranties of results. I also understand that it may take several sessions to achieve the results I am looking for. I am fully informed of the nature and usefulness of hypnosis. Further, I am aware that this program is non-medical in nature and the hypnosis practitioner is not a medical doctor nor licensed physician. For any changes in medications I will contact my health practitioner. I also understand that Jen Merkel will provide me with the highest quality of services and treatments at her disposal and within her capabilities. I also understand the importance of keeping future appointments and agree to do so for the good of my treatment program. I understand that my treatment may be cancelled or refused at Jen Merkel's discretion at any time, for any reason. In the unlikely event that happens and I wish to continue treatment, Jen will refer me to trusted experts who can help me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Confidential Client Information

Name \_\_\_\_\_

Date \_\_\_\_\_

## Concerns or Interests

*Please check those which apply to you*

- Stress/tension
- Memory
- Concentration
- Addictions
- Compulsive behaviors
- Anxiety
- Depression
- Low self-esteem
- Artist's block
- Panic attacks
- Insomnia
- Weight issues
- Guilt
- Lying/cheating
- Relationships
- Sexuality
- Shyness
- Headaches
- Work problems
- Residual pain
- Surgical anxiety
- Communication
- Health
- Emotional trauma
- Motivation

Other:

## Life Event Ratings

*Please check those which you have experienced within the past 12 months*

- Death of spouse
- Divorce
- Marital separation
- Death of a close family member
- Personal injury or illness
- Marriage
- Marital reconciliation
- Loss of job
- Retirement
- Change in health of a close family member
- Pregnancy
- Sexual difficulties
- Addition of a new family member
- Change in financial state
- Death of a close friend
- Change of occupation
- Change in work responsibilities
- Outstanding personal achievement
- Spouse change of employment
- Change in work hours or conditions
- Change in recreation/social activities
- Change in eating habits
- Vacation
- Change in spiritual beliefs/practices

Other:

**Any fears or phobias? (i.e., water, heights, tight spaces, etc.)**

**Any other concerns not listed above?**