



Radiant Wellness Hypnosis Institute Ltd

Client History

Initial interview date: _____ Length of Time: _____

How did you select us? Doctor Friend Newspaper Phone Book
 Radio Television Other: _____

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone – Home: _____ work _____ Male / Female: _____

Employed by _____ Occupation _____

Married / Single / Divorced # of children: _____ Have you been hypnotized? Y / N
(If yes, By Whom, Where, Reason for hypnosis and what you experienced. Ex: any color, bodily sensation, lasting effect, anything else that particularly stuck in your mind):

Have you ever walked in your sleep? Y / N Talked in your sleep? Y / N
Do you have any questions about hypnosis? Y / N If yes, what would you like to know?

Nature of visit:

Any previous efforts to make this change? Y / N If yes, what and what results:

- Medical History -

Are you currently undergoing medical or psychological treatment for the above problem? Y / NO

Where? _____ Doctor's name(s) _____

Have you been under a doctor's care in the past year? Y / N

If yes, who, where and reason: _____

Have you ever been treated for an emotional problem by a psychologist, psychiatrist, social worker, counselor or other mental health care professional? Y / N

Are you currently receiving treatment or counseling? Y / N

If yes, who and where and Have you had any prolonged illness? Y / N

If yes, when, where and what: _____

Have you been treated for: heart | diabetes | epilepsy | allergies | phobias? If yes, explain:

Do you have fear of: heights | small places | open spaces | elevators | escalators

other: _____

To the best of my knowledge, the above information is true to the best of my knowledge:

Signature of Client

Date