

HYPNOSIS INTAKE FORM

Date _____

Name _____

Address _____ City _____ Zip _____

Phone _____ Birthday _____

Referred By: _____

Hypnotized Before _____ When _____ By Whom _____

Goal _____

Consent Signature _____

For Office Use Only:

Induction _____ Rate _____

Deepening _____ Rate _____

Test _____ Rate _____

Test _____ Rate _____

Test _____ Rate _____

Test _____ Rate _____

Summary _____

***The services I render are held out to the public as non-therapeutic hypnotism, defined as the use of hypnosis to inculcate positive thinking and the capacity for self hypnosis, I do not represent my services as any form of health care or psychotherapy, and despite research to the contrary, by law I may make no health benefit claims for my service.**