



Client Intake Form

(860)777-1117 | www.hopmeadowhypnosis.com

Please complete this form before your first session. For assistance completing this form or to return it before your first visit, email info@hopmeadowhypnosis.com

Hopmeadow Hypnosis respects diversity, confidentiality, compassion, and care for all.

What is your preferred first and/or last name(s)? (List the name that you would like to be addressed by – it may be the same or different than your legal name) _____

What name we should use for billing and records? (Documented name or Legal name)

_____ Date of Birth _____

Gender (Choose Any) Male Female Genderfluid Trans Nonbinary Other: _____ Pronouns? _____

Use my preferred name for Waiting Room Phone Email Post Mail Session Notes Records Billing

Use my documented name for Waiting Room Phone Email Post Mail Session Notes Records Billing

Address _____ City _____ State _____ ZIP _____

Phone _____ Mobile Work Home Ok to leave message? Ok to text? Shared?

Email _____ Relationships (Choose Any) Single In Relationship(s) Partnered

Married Separated Divorced Widowed Do you have any children? _____ Occupation _____

What is the reason for your visit today? _____

What current health concerns are related to your visit, if any? _____

List any medications you are currently taking. If you do not know the name of a specific medication name, you can list what you are treating, or its nickname. (e.g., water pill, inhaler, pain pill) _____

Do you have restful sleep? _____ Describe and mental or physical discomfort you are experiencing: _____

Pertinent fears or phobias? _____ Stress/Anxiety? _____

If appropriate, may Hopmeadow Hypnosis and its staff contact other clinicians you see for additional information regarding your health and current treatments? (You will be allowed to specify what information is to be requested or disclosed on another form) Yes No What is their name, title, office name, address, and phone or email?

Questions About Hypnosis

Have you been hypnotized before? _____ Describe your experience or results: _____

What are your expectations of hypnosis? For this session? _____

Briefly describe a peaceful or safe space for you, real or imaginary: _____

What is your favorite color or colors? _____

Additional Space - Do you have any additional thoughts or information? (You may write a longer response to any question on this form here) _____

I understand that the effectiveness of my results may take more than one session, and I may be required to practice self-hypnosis and other self-guided reinforcement techniques after this session. I am responsible for actively participating and managing the progress of achieving my desired goals during and after the session. Hopmeadow Hypnosis and its hypnotists and staff provide services using various professional hypnosis techniques and training in good faith to provide results, but results are not guaranteed. I understand that any session, program participation, or any ongoing work between myself and the hypnotist may be terminated if deemed appropriate, and I may be referred to another professional of appropriate skill, certification, or licensure for continuation of my work or care. I have read the Client Bill of Rights and I understand my personal information, including session notes, and medical records will be kept confidential, except where applicable by law.

Signature _____ I affirm this typed signature as my legal signature: ____ (Initials)

Printed Name of Client _____ Date _____ Time _____

Printed Name of Parent, Guardian, or Authorized Party _____