

MUSCLE AND SKIN
HYPNOSIS & NLP CLIENT HISTORY FORM

Date: _____ Name: _____

Home Phone: _____ Mobile: _____

Address _____

State/ Postcode: _____ Email: _____

Date of Birth: _____ Gender: _____ Marital Status: _____

Occupation: _____ No of Children: _____

Has anyone ever tried to hypnotise you? _____ Reason: _____

Do you believe that you were hypnotised? _____ Why? _____

Generally, how did it go for you? _____

Reason/s you are coming for hypnosis? _____

Any previous attempts to address this issue? _____ Results? _____

Are you currently undergoing medical or physiological treatment for this issue? _____

If so, where? _____ Doctor's Name _____

Have you been under a doctor's care in the past year? _____

If yes, please given reason and doctor's name _____

Have you ever been treated for emotional issues? _____ If yes, are you currently receiving treatment or counselling? _____ From whom? _____

Have you ever been treated for Heart Disease _____ Diabetes _____ Epilepsy _____ Pain _____

Are you currently taking any medications? _____ Please list them and what they are for.

Have you had any prolonged illness? _____ If yes, what illness?

Do you have any questions about hypnosis? _____

Client's signature _____ Parent/Guardian signature _____

(N.b. - If you wear HARD contact lenses, please remove them before your sessions, as they inhibit your ability to relax)