

# A New You CENTER FOR HYPNOSIS LLC

## INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (email) \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Diagnosis/Complaint/Purpose for visit: \_\_\_\_\_

What you do for hobby or relaxation: \_\_\_\_\_

Have you ever been treated for emotional problems? Yes / No

If yes, please explain: \_\_\_\_\_

Have you been treated for: (circle) Diabetes – Epilepsy – Heart Disorder – Digestive Problem?

**Please rate the next 3 lines as follows: 1 is very good 10 is very bad.**

Pain: today (circle) 1 2 3 4 5 6 7 8 9 10 Week Avg. 1 2 3 4 5 6 7 8 9 10

Sleeping Habits: today (circle) 1 2 3 4 5 6 7 8 9 10 Week Avg. 1 2 3 4 5 6 7 8 9 10

Quality of life: today (circle) 1 2 3 4 5 6 7 8 9 10 Week Avg. 1 2 3 4 5 6 7 8 9 10

Have you experienced Guided Imagery, Meditation, Yoga, or Hypnosis previously? (circle) Yes / No

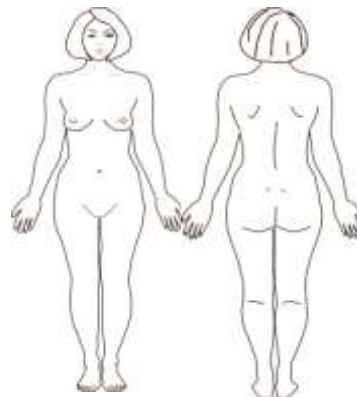
Medications: \_\_\_\_\_

Do you have any allergies or phobias? \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

I am willing to be guided through relaxation, visual imagery, creative visualization, hypnosis, and stress reduction processes and techniques for the purpose of vocational or avocational self-improvement. I understand that the hypnosis I am receiving is not a substitute for normal medical care and I have been advised to discuss this hypnosis with any doctor who is taking care of me now or in the future. Additionally, I should continue any present medical treatment (medications) and consult my medical doctor for treatment of any new or old illnesses.

Mark Pain Areas



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