

Transformational Coaching and Hypnotherapy Intake Form

Purpose: The purpose of this questionnaire is to obtain a better understanding of your background. By completing these questions as fully and as accurately as you can, you will assist me in maximizing your time and saving you money.

Name: _____ Today's Date: _____
Home Phone: _____ Cell Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Birth Date: _____ Age: _____ Gender: M__ F__ Occupation: _____
Marital Status: __engaged __married __re-married __separated __divorced __widowed __other
Email _____ How did you hear about me? _____
Emergency Contact _____ Phone _____

Identification of Presenting Issue:

What do you hope to achieve with Hypnotherapy

1. _____
2. _____
3. _____
4. _____
5. _____

Give a brief account of the history and development of your complaints (from onset to present):

Do you have any fears? Water__ Heights __ Elevators __Flying __Driving __ Public Speaking __
Why are you seeking help now? _____

Prior Experience with Coaching and/or Hypnotherapy Yes __ No __ Was it successful?

Medical and Health History

Have you been under a doctor's care in the past year? Yes__ No __ If yes please give reasons

Current health status: _____

List illnesses and injuries: _____

List hospitalizations: _____

List any medications you are taking: _____

Height: _____ Weight: _____ Highest/lowest past weight: _____

Indicate current and past drug and alcohol usage: _____

Have you ever had counseling or therapy? Yes __ No __ How successful was it? _____

How are your sleeping patterns: _____

If you smoke, how much? _____ Amount of exercise _____

How is your diet: _____

Background Information:

Current interests and hobbies: _____

Highest level of education _____

Were you ever bullied? _____

Have you ever been physically, sexually or emotionally abused? If so, please explain: _____

Family's religious/spiritual preference: _____

Family Data:

Relationship with Father _____

Age _____ Deceased? _____

Relationship with Mother _____

Age _____ Deceased? _____

Number and Gender of Siblings _____

Relationship with brother's/sister's: _____

Past: _____

Present: _____

Marital/Relationship History:

Spouse/Partner's age: _____ Spouse/Partner's Occupation: _____

Spouse/Partner's personality (in your own words) _____

Relationship with your spouse _____

Check areas where problems exist

- Children Friends Sex Relationships Communication
- Work Finances Substance abuse Recreation/leisure Spiritual needs
- Arguments Verbal abuse In-laws Physical abuse Self Esteem or
- Negative Anxiety and Fears and Health and Confidence
- thoughts worry phobias vitality Other _____

List children and ages with a short personality description of each: _____

Occupational Data

Present job: _____ Feelings about your job: _____

Would you like to be doing something else? If so, what? _____

Please give a short description of yourself: _____

Is there any other information/concerns you would like me to know? _____

