New Day Dawning Counseling, LLC

Hypnosis Client Intake Sheet

Name:	Date of Birth
Address:	Email:
Phone number:	Referred by:
Emergency Contact & phone number:	Current Medication:
Marital Status: single married partnered divorced separated widow	Children: Yes / NO

Reason for Appointment:
Describe Current Health:
Sleep Well? Yes N0 Please describe typical sleep:
Are you in any physical discomfort? Yes/No If so, describe:
Fears & Phobia:
If appropriate, may I consult with your physician or therapist? Y ? N – please provide name, address, phone # & email?
Have you been hypnotized before? Y / N (if yes, describe your experience)
Describe your expectations of Hypnosis:
Describe a peaceful place for you: ** Favorite Color:
Additional pertinent information:

I understand that good and lasting results may require several sessions, and that I may be required to practice self-hypnosis and/ or listen to a reinforcement recording between sessions at home. I am responsible for actively cooperating with, and participating in, my program. Sheryl McAlhaney/New Day Dawning Counseling, LLC shall not be held accountable for the results I attain. I understand that my program may be terminated if deemed inappropriate and that I may be referred elsewhere for proper treatment. I have read the client Bill of Rights and I understand that all information about me will be kept strictly confidential.

Signature: _____ Date: _____