

# Suz Spangler Wellness

PERSONAL • WORKPLACE • FAITH-BASED

## Hypnosis Intake Form

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

Preferred email address: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Purpose for sessions: (i.e. what do I want to achieve and by when should I achieve my goal?)

\_\_\_\_\_

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

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

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

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

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

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

Pain Scale: 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

Sleep 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

Have you experienced guided imagery, meditation, yoga or hypnosis? (circle) Yes/No

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

I am willing to be guided through relaxation, visual imagery, creative visualization, hypnosis, and stress reduction processes and techniques for the purpose of vocational and avocational self-improvement. I understand that the hypnosis I am receiving is not a substitute for medical care and I have been advised to discuss this hypnosis with any doctor or treatment provider taking care of me now. Additionally, I should continue current treatments for care and be advised to consult medical caregivers if any new or old illnesses surface.

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