



**MIND MATTERS®**  
HYPNOSIS CENTER, LLC

## Client Information

Name \_\_\_\_\_ Preferred Pronoun \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Best Contact Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Marital Status \_\_\_\_\_ # of Children \_\_\_\_  
Employer \_\_\_\_\_ Title \_\_\_\_\_  
How did you hear about us? Advertisement \_\_\_ Social Media \_\_\_ Referral/Other \_\_\_\_\_

## Purpose of Visit

Reason(s) for coming for hypnosis? \_\_\_\_\_  
How long have you had this issue? \_\_\_\_\_  
How would you rate severity of this issue on a scale of 1-10? \_\_\_\_\_  
What else have you used to address this issue? \_\_\_\_\_  
Have you been hypnotized before? Yes \_\_\_ No \_\_\_ By Whom? \_\_\_\_\_  
For what reason? \_\_\_\_\_

## Medical History

Have you been under a Doctor's care in the past year? Yes \_\_\_ No \_\_\_  
If yes, please give the reason \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ What are you afraid of? Elevators \_\_\_ Water \_\_\_ Other \_\_\_  
Have you ever been treated for? Heart problems \_\_\_ Diabetes \_\_\_ Epilepsy \_\_\_ Emotional Problems \_\_\_  
Description of issues you've been treated for \_\_\_\_\_  
Are you currently undergoing medical or psychological treatment for the above problem(s)? Yes \_\_\_ No \_\_\_  
If yes, what is the treatment? \_\_\_\_\_ By Whom? \_\_\_\_\_  
Are you currently taking any medication? Yes \_\_\_ No \_\_\_ If Yes, what? \_\_\_\_\_  
Reason for the medication? \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

*If you wear hard contact lens, please remove them before your session.*