



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 _____
Emergency Contact Name: _____ Relationship: _____ Number: _____
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? _____
What are you afraid of? Water ____ Fire ____ Elevators ____ Heights ____ Other ____

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 ____
Fire ____ Heights ____ Other ____
Have you ever been diagnosed/treated for? Heart problems ____ Stroke ____ Diabetes ____
Epilepsy ____ Schizophrenia ____ Borderline Personality ____ Antisocial Personality ____ Histrionic Personality ____
Narcissistic Personality ____ Bipolar Disorder ____ 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? _____

The practitioner has the right to refuse service at the cost of the client if this information isn't disclosed prior to beginning your sessions.

Would you like your session to be shared with a medical or psychological professional? Yes _____ No _____

Signature _____ Date _____

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

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