Imagine Hypnotics LLC
Client Profile

Client Contact Information: **Date:** _____
Name _____
Address _____
City _____State _____ Zip _____
Phone: Day _____ Evening _____
Email _____ Age_____ Occupation _____

Emergency Contact Information:
Contact _____ Phone _____ Relationship to Client _____

Have you had any previous experience with hypnosis / hypnotherapy? Yes [ ] No [ ]
If "Yes", approximately how long ago? _____
Reason for the session _____

Please place a check next to all the areas below you believe will benefit you the most. Your open and honest responses will best help me to assist you in achieving your goals.

[ ]	Smoking/Vaping Cessation	[ ]	Stress Management	[ ]	Goal Achievement (grades / athletic)
[ ]	Fear(s) of _____	[ ]	Pain Management	[ ]	Public Speaking / Stage Fright
[ ]	Weight Management	[ ]	Performance Enhancement	[ ]	Memory Enhancement
[ ]	Anxiety/Fears	[ ]	Meditation / Relaxation	[ ]	Breaking Negative Habits
[ ]	Improving Relationships	[ ]	Self Esteem / Confidence	[ ]	Enhancing Intuitive Abilities
[ ]	Regression (including Past Life)	[ ]	Optimizing your inner creativity	[ ]	Other _____

When and where does this problem or issue occur? Please be as specific as possible; for example, weekday vs. weekend, day-time or night-time. How often does the issue occur? For example, how many times a day, a week or month? What triggers the problem or issue? Is it when you do certain things, hear certain things or visit certain places?

_____
_____
_____
_____

What would it feel like to accomplish this goal? (Circle all that apply)

✓ Proud of yourself	✓ Happiness	✓ Accomplish something important
✓ Relief	✓ Healthy	✓ Setting a good example

- By achieving your goal, what **<u>will</u>** happen for you? _____
- What do you believe has held you back from achieving this goal? _____

Medical Treatment Information
PLEASE NOTE: *Imagine Hypnotics does <u>not</u> work with individuals diagnosed with severe mental health issues such as suicidal thoughts (ideation), schizophrenia, major (severe) depression, etc. Such issues must be treated by medical professionals and licensed psychotherapists / counselors.*

- Are you currently under medical treatment (doctor's care) for this or any other concern? Yes [ ] No [ ]
- Are you currently under the care of a mental health professional? Yes [ ] No [ ]
- If "Yes" to one or both questions above, please explain why
  _____
  _____

How did you hear about Imagine Hypnotics? _____

At Imagine Hypnotics LLC, we do not practice medicine nor do we prescribe drugs or related treatment. *Hypnotherapy is not intended to be a replacement for medical care*. It is offered as a non-medical, non-chemical, non-invasive alternative to promote change, health and wellness.