



Client Profile

Please answer all questions
(All information is strictly confidential)

Name: _____ Today's date: _____

Home Address:

_____ Street _____ City _____ State _____ Zip

Phone: Home _____ Work _____ Cell _____

E-Mail address: _____

Birth Date: _____ Age (optional) _____ Sex _____

Married: _____ Children: _____ Ages: _____

Occupation: _____ Employer: _____

Employer's Address: _____

Referred by: _____

Have you ever been hypnotized? Y N (If so, describe when, where, why; by whom?)

Name your 3 favorite places: _____

Name your 3 favorite colors: _____

List any hobbies: _____

List any fears (heights, small spaces, etc)



Have you previously attempted to achieve the above stated goals? Please explain how, with what results:

Are you currently undergoing medical or psychological treatment for the above situation? Y N

Name of Physician or Psychologist

Phone Number

Please add any additional information you'd like me to know:

The client, in signing this form acknowledges understanding this questionnaire, and all information provided by the client is complete and accurate to the best of their knowledge. The client acknowledges that HypnoCoaching is not a substitute for other professional services including but not limited to medical, financial, legal or psychological. The client also acknowledges understanding that HypnoCoaching is a process whereby an individual uses their own natural abilities for their own benefits and self improvement.

Client Signature: _____ Date: _____