

A Healthy Change Hypnotherapy

1133 W Main Street, Suite 203

Blue Springs, MO 64015

Phone: (816) 560-6903

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Mike Schweder, CHt

New Client Information

This form is to be completed during or prior to your initial consultation. Please print.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Date of birth: ____/____/____ Age: _____ Sex: Male Female

How did you hear about us? _____

Referred By: _____ Relationship: _____

Have you been hypnotized before? Yes No Date: _____

By Whom? _____

Reason: _____

Results? _____

What goals do you hope to achieve through hypnosis?

Stop Smoking

Lose Weight

Other Please explain: _____

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Health & Wellness History

1. Current Height: _____ Current Weight: _____
2. Have you been under a doctor's care within the past year? Yes No
Is yes, when? _____ Ailment: _____
Treatment: _____
3. Have you ever been treated for an emotional issue? Yes No
Is yes, when? _____ Ailment: _____
Treatment: _____
4. Have you had any prolonged illness? Yes No
Is yes, when? _____ Ailment: _____
Treatment: _____
5. Are you currently taking any medications? Yes No
If yes, list medications: _____
Reason: _____
6. Do you smoke? Yes No If yes, how many packs per day? _____
7. Do you drink alcohol? Yes No If yes, amount/frequency? _____

I understand that confidentiality regarding my sessions will be honored between myself and my hypnotherapist, and that my hypnotherapist will not share any personal or medical information with anyone without my consent. This same confidentiality is respected when working with minors under the age of eighteen.

Signature: _____ Date: _____
(If client is a minor a parent or guardian must sign.)