

London Hypnotherapy Centre
Confidential Client History Form

Date: _____, 201

Name _____

Home Phone _____ Work Phone _____

Address _____ Postal Code _____

City _____, Ontario

Date of Birth _____ Age _____ Sex M _____ F _____

Marital Status _____

Occupation _____ Number of Children _____

How did you hear about London Hypnotherapy Centre?

Referral? Please specify. _____

If you were referred by a medical professional, do we have permission to discuss your progress with him or her? Yes _____ No _____

Has anyone ever tried to hypnotize you? _____ Reason: _____

Do you believe that you were hypnotized? _____ Why? _____

Generally, how did it go for you? _____

Reason you are coming in for hypnosis:

Have you had any previous attempts to address this issue? Yes _____ No _____

Results: _____

We sometimes find it useful to use a holistic approach (mind-body-spirit) when appropriate. Would you consider yourself a spiritual person?

Yes _____ No _____ Maybe _____