

CLIENT INTAKE FORM – BYI Hypnosis

1

Name: _____

Today's Date: _____

Date of Birth: _____ Age _____ Gender: M F Race _____

Address: _____

DL# : _____ Employer: _____

City: _____ State: _____ Zip: _____

Day Phone _____ Home Phone: _____ Cell Phone: _____

E-mail: _____

Marital Status: _____ Married _____ Single _____ Divorced _____ Widow

Name of Spouse: _____

Day Phone _____ Home Phone: _____ Cell phone: _____

Names and Ages of Children:

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

List three favorite colors: _____

List three favorite places: _____

List any fears or phobias: _____

Do you suffer any compulsive tendencies _____

Do you: _____ Smoke _____ Use Drugs _____ Drink _____ Religious Preference: _____

List any current health problems _____

List any medications that you are taking: _____

List three of your most important life time goals _____

List three of your past-time hobbies _____

Current Occupation: _____

Do you enjoy your work: _____

List three things that you would like to do better or improve: _____

If you could be, do, have or become anything, what would you wish for? _____

Why are you seeking Hypnotherapy? _____

How did you hear about this office _____

Are you currently suffering from: (Select all that apply)

____ nervousness ____ inability to relax ____ sleeplessness ____ sexual dysfunction ____ nail biting ____ compulsive

tendencies ____ nightmares ____ poor health ____ cigarette smoking ____ alcohol abuse ____ drug abuse compulsive

overeating ____ serious eating disorder ____ codependency ____ inability to focus attention ____ poor memory

____ marital problems ____ recent divorce ____ war trauma ____ current illness ____ teeth grinding ____ lack of energy

____ death of a loved one ____ childhood trauma ____ fear of heights ____ poor self-esteem ____ abusive home

situation ____ abusive work situation ____ abusive relations of any source ____ lack of success ____ sexual abuse

Other _____

One of the things I feel guilty of is: _____

I am happiest when: _____

If I were not afraid to be myself I would _____

I get so angry when _____

I am most saddened by _____

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All my life _____

Ever since I was a child _____

One of the ways I could help myself but I just don't is _____

It is hard for me to admit _____

I am a person who _____

A mother should _____

A father should _____

A friend should _____

A true friend should _____

What behaviors seem to get in your way of happiness _____

What would you like to start doing _____

What would you like to do more often _____

What would you like to do less of _____

What makes you laugh _____

What makes you cry _____

Do you cry a lot _____ If so how much _____

What makes you happy _____

What makes you sad _____

What makes you mad _____

What makes you frightened _____

What do you see or imagine your life being like in 6 months to a year _____

What motivates you _____

Who motivates you the most _____

In one sentence describe your life _____

In one sentence describe your problems _____

One of the things I feel proud of is _____

What is the most important to you in your life _____

What is the most important part of a relationship to you _____

Do you observe any religious or meditative practices _____ Yes _____ No

Explain any other negative conditions affecting you _____

List any additional needs or concerns _____

Stress Level Profile:

Read each statement below and circle the number to the right of it that best represents yourself and your behavior at this time. **1- not at all 2- slightly 3- moderately 4- very much**

1	I often lose my appetite or eat when I am not hungry	1 2 3 4
2	My decisions seem to be more impulsive than planned, I tend to feel more unsure about my choices and often change my mind	1 2 3 4
3	The muscles in my neck, back and stomach frequently get tense.	1 2 3 4

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4	It seems that I have thoughts and feelings about my problems that run through my mind most of the time	1	2	3	4
5	I have a hard time getting to sleep, and I wake up often or feel tired	1	2	3	4
6	I feel the urge to cry or get away from my problems	1	2	3	4
7	I tend to let anger build up and then explosively release my temper in some aggressive way or destructive way	1	2	3	4
8	I have nervous habits (tapping my fingers, shaking my leg, pulling my hair, scratching, wringing my hands and etc)	1	2	3	4
9	I often feel fatigued, even when I have not been doing physical work	1	2	3	4
10	I have regular problems with constipation, diarrhea, upset stomach or	1	2	3	4
11	I tend to not meet my expectations either because they are unrealistic or I have taken on more than I can handle	1	2	3	4
12	I periodically lose my interest in sex	1	2	3	4
13	My anger gets aroused easily	1	2	3	4
14	I often have bad unhappy dreams or nightmares	1	2	3	4
15	I tend to spend a great deal of time worrying about things	1	2	3	4
16	My use of alcohol, coffee, smoking or use of drugs has increased	1	2	3	4
17	I feel anxious, often without any reason that I can identify	1	2	3	4
18	I conversation my speech tends to be week, rapid, broken or tense	1	2	3	4
19	I tend to be short tempered and irritable with people	1	2	3	4
20	Delays, even ordinary ones, make me fiercely impatient	1	2	3	4

RELEASE STATEMENT

I understand that Dr. Rick Honea, Th.D., CHT, LMT is not a Physician, does not practice medicine, and does not diagnose or treat any medical condition. I affirm that I am not currently being treated for any medical condition related to my requested behavior modification program. Hypnosis, also referred to as Hypnotherapy, can be used as a complementary care to most medical conditions, however a referral from your physician or licensed mental health counselor is required if requesting this type of hypnosis treatment. I also understand that hypnosis is not a replacement for traditional medical or mental treatment and should not be used as such. I understand that Hypnosis is not a replacement for my family doctors care nor is it to be used for, or is it a replacement for any medications, diagnosis or treatment of a licensed medical doctor.

I hereby authorize Dr. Rick Honea, Th.D., CHT, LMT to hypnotize me for the concerns we have discussed and/or that I have indicated on this intake form. The form is confidential and is used only as a tool in helping develop an effective program for my individual needs. I give Dr. Rick Honea, ThD, CHT, LMT permission to use hypnosis for any issues that have been outlined in this intake form and for any future purposes that I may request. I understand that the success of my hypnosis sessions depends greatly on my own ability and desire to affect change in myself and the results depends greatly on my own serious participation and follow through. I understand that although hypnosis can be very effective and has a high success rate, Dr. Rick Honea, ThD, CHT, LMT, does not offer a guarantee, as my own personal success depends on my own ability and desire to create change in myself.

I understand that if I am paying by credit card that Beyond Your Imagination, Inc. will appear on my credit card statement and that all fees for services rendered by Dr Rick Honea will be payable to Beyond Your Imagination, Inc. (Also abbreviated as BYI) upon completion of services and is to be paid in full. I understand that Dr. Rick Honea does not accept any form of insurance or state supplied programs at this time.

Signature: _____ **Date:** _____

NOTES – COMMENTS: