



12555 SW 1st Street
Beaverton, Oregon 97005

mary@lifeguidancehypnosis.com
971-238-7870

NEW CLIENT INTAKE

Please provide the following information and answers to the questions below. (All information you provide is confidential unless a Release of Information Form is completed).

Name: _____
(Last) (First) (Middle Initial)

Name of parent/guardian (if under 18 years): _____

Birth Date: _____ Gender: _____ Marital Status: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone Number: _____ May I leave a message? _____ YES _____ NO

Alternative Phone Number: _____ May I leave a message? _____ YES _____ NO

E-mail: _____

*IMPORTANT: Email correspondence is NOT considered to be a confidential means of communication.

How did you hear about me? _____

Have you been hypnotized before? _____ YES _____ NO If "Yes", describe your experience below:

Please list a few goals you want to accomplish with hypnosis



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Do you have any significant fears or phobias? ____ YES ____ NO If so please list below:

Describe your expectations of hypnosis:

Describe a place you find peaceful:

If appropriate, may I consult with your Physician and/or Therapist? ____ YES ____ NO If "Yes" provide:

Doctor's Name: _____ Type of Doctor: _____

Phone number: _____ E-mail: _____

***An additional consent form may be required in order to communicate any relevant information

I understand that good and lasting results may require several sessions, and that I may be required to practice self-hypnosis and/or listen to a reinforcement recording between sessions/at home. I am responsible for actively cooperating with, and participating in, my program. Lani Watkins Hypnosis and Consulting shall not be held accountable for the results I attain. I understand that my program may be terminated if deemed appropriate and that I may be referred elsewhere for proper treatment. I have read the Client Bill of Rights, and I understand that all information about me will be kept strictly confidential.

Printed Name

Date

Client Signature

Date