

## Confidential New Client Intake Form

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night or Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Marital Status: Married Single Widowed

Children: Yes No Names: \_\_\_\_\_

In case of Emergency Call: \_\_\_\_\_ At: \_\_\_\_\_

Their relationship to you: \_\_\_\_\_

Name your three most favorite colors in order: \_\_\_\_\_

Name your three favorite places: \_\_\_\_\_

List any fears or phobias: \_\_\_\_\_

Have you ever had an anxiety attack: Yes No If so please describe the circumstances below:

\_\_\_\_\_

Do you have any compulsive behaviors or unhealthy habits: Yes No Please list/describe any below:

\_\_\_\_\_

Do you: Drink \_\_\_\_\_ Smoke \_\_\_\_\_ Use Recreational Drugs \_\_\_\_\_

List any medications you are taking: \_\_\_\_\_

\_\_\_\_\_

What are your three most important life goals?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please list three of your favorite hobbies or past times:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please mark all below that apply, I have or suffer from:

- |                       |                                |
|-----------------------|--------------------------------|
| Sleeplessness         | Anxiety                        |
| Undesired Weight Loss | Undesired Weight Gain          |
| Nail Biting           | Alcohol Abuse                  |
| Drug Abuse            | Tobacco Addiction              |
| Nightmares            | Binge Eating                   |
| Marital Problems      | Job Stress                     |
| Financial Stress      | Anorexia                       |
| Recent Divorce        | Childhood Trauma               |
| Unresolved Grief      | Post Traumatic Stress Disorder |
| Poor Health           | Teeth Grinding                 |
| Chronic Pain          | Fibromyalgia                   |
| Lack of Confidence    | Poor Self Esteem               |
| Destructive Thoughts  | Out of Control Anger           |
| Fear of Heights       | Fear of Water                  |
| Lack of Energy        | Chronic Illness                |

Please list any other issue you would like me to know about: \_\_\_\_\_

Are you currently under a doctor or mental health professional's care? Yes No

I am happiest when: \_\_\_\_\_

I feel most guilty when: \_\_\_\_\_

I get so angry when: \_\_\_\_\_

I am so sad when: \_\_\_\_\_

The thing I like most about myself is: \_\_\_\_\_

The thing I dislike most about myself is: \_\_\_\_\_

If I could change myself in one area it would be: \_\_\_\_\_

If I were not afraid to be myself I would: \_\_\_\_\_

What motivates you to act? \_\_\_\_\_

Describe your religious/spiritual life: \_\_\_\_\_

Do you sabotage your own success? \_\_\_\_\_

If so, do you know why? \_\_\_\_\_

Why did you come for hypnosis/life coaching: \_\_\_\_\_

\_\_\_\_\_

Have you ever been hypnotized? Yes No If so please describe the experience: \_\_\_\_\_

\_\_\_\_\_

What is most important to you in your life: \_\_\_\_\_

Are there any other issues or is there any other information you would like for me to know?

\_\_\_\_\_

\_\_\_\_\_

For the purpose of hypnosis and testing your relaxation do I have permission to touch your forehead, shoulder, arm, wrist, hand or other extremity? Yes No

Do you have a neck, arm, shoulder or other injury/pain that would prevent you from sitting in an upright position or having your arm moved for demonstration purposes? Yes No

## **AGREEMENT**

**I understand the scope of the practice of Hypnosis, Life Coaching and Behavioral Modification and I give my full consent to participating in Hypnosis and Behavioral Modification sessions from Scott Hogue CChH BMC I understand that results vary and that the above named practitioner may not guarantee results. I understand that Hypnosis or Life Coaching is not a replacement for medical treatment, psychological or psychiatric services or counseling.**

**I also understand that the Hypnotist/Consultant does not treat, prescribe for or diagnose any condition, disease or illness. I understand that the practitioner is a facilitator of hypnosis and is not practicing any other profession that requires a license under the laws of the State of Tennessee. I am aware and understand that in some cases it may be necessary for the practitioner to respectfully touch my shoulder(s), hand, wrist, or forehead in order to assist me in relaxation, to create a point of reference or for educational purposes. I give the practitioner permission and consent to do so in order to help me establish a beneficial state of hypnosis and or a more positive session outcome.**

**For our mutual protection, mutual benefit, for review and to assist in my outcome I authorize Scott Hogue CChH BMC to record any and all sessions. I understand that I can obtain a copy of any session recording at no additional charge and that all recordings will be treated as confidential to the fullest extent the law allows. I also authorize the use of any recording for educational purposes as long as any identifying information or content is removed.**

**I have been advised that I am free to terminate any or all sessions at any time. I have agreed to participate in each session to the best of my ability. I have accurately provided background information as requested by the Hypnotist/Consultant. I understand that confidentially regarding my sessions will be honored by Scott Hogue CChH BMC. This same confidentially is respected when working with minors under the age of eighteen.**

**I also understand that Scott Hogue CChH BMC does not practice medicine. I understand that Scott Hogue CChH BMC will only consult with clients concerning medical conditions at the direction of a medical doctor and in cases of mental health he will only consult with clients at the direction of a competent mental healthcare professional. I also understand that Hypnosis and Life Coaching are not a substitute for competent medical or mental healthcare from a professional in those fields.**

**I affirm that I am not using sessions with Scott Hogue CChH BMC as a substitute for medical or mental healthcare or the advice of a professional in any other field of competency such as financial, legal or other fields of counseling. I affirm that I understand that the effectiveness of hypnosis and coaching with any hypnotist or life coach greatly depends on the motivation and the actions of the client.**

**I hereby authorize Scott Hogue CChH BMC to hypnotize me and make suggestions to me in the areas I have consulted with him based on our agreed plan of action, both for issues I have listed today and for any future issues I may seek his consultation until such authorization is revoked in writing with due notice. I realize that Scott Hogue CChH BMC is a minister in the Christian faith and I am comfortable with him mentioning spiritual approaches and solutions when dealing with problems. I understand that Scott Hogue CChH BMC is a member of The Fellowship of Christian Hypnotists and abides by the ethics and bylaws requirements of that fellowship and that in case of unresolved dispute I may appeal to that fellowship for problem resolution under the penalty that any unethical conduct could cost Scott Hogue CChH BMC membership in that fellowship. I understand that any and all information including this document that I provide is completely confidential except when prevented by law, such as, but not limited to the threat or danger of harm to myself or others.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**