SOUTH CENTRAL HYPNOSIS

Phone: 907-230-1781
Email: southcentralhypnosis@gmail.com

Website: www.therapywithconita.com

CLIENT INFORMATION

First name:_____ Last name: _____

Phone: _____ Birthday: _____

Email: _____ Relationship Status:

Address: _____

Occupation: _____

Emergency contact: _____

Emergency Contact Phone Number: _____

HEALTH

Physician Name _____ P.C.P. Phone Number _____

List of Medications: _____ _____
_____ _____
_____ _____

Medical Diagnosis, if any. Past and Present: _____
_____
_____

Medical Family History, Past and Present: _____

HEALTH LIST

Addictions:

Depression:
- ○ Confidence
- ○ Self Esteem
- ○ Motivation
- ○ Achieving Goals
- ○ Procrastination
- ○ Other

Career Issues:
- ○ Interview Skills
- ○ Nerves
- ○ Public Speaking
- ○ Concentration
- ○ Exams
- ○ Memory
- ○ Driving Skills
- ○ Other

Food/Diet
- ○ Weight Problems
- ○ Anorexia
- ○ Bulimia
- ○ Exercise

Sexual Problems:
- ○ Fertility
- ○ IVF
- ○ Conception
- ○ Pregnancy
- ○ Birth
- ○ Other

Pain Control:
- ○ Hearing
- ○ Sight/Vision

Mobility
- ○ Skin Problems
- ○ Hair Growth
- ○ Other

Relationship:
- ○ Childhood Problems
- ○ Sleep Problem
- ○ Other

Anxiety:
- ○ Stress
- ○ Fears
- ○ Phobias
- ○ Panic Attacks
- ○ Guilt
- ○ Relaxation
- ○ Other
- ○ Eating Problems:

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- ◯ I give permission for South Central Hypnosis to send me updates via email or text.
- ◯ Consent for South Central Hypnosis to administer treatment.

Signature

Print Name:
_____