



CLIENT INTAKE FORM (2021) – CONFIDENTIAL (2 pages)

Name:

Date:

Address:

Email address:

Phone number (home):

(cell):

Birth date:

Employer:

Occupation:

CREDIT CARD #:

EXP

3-DIGITS

Have you received any medical or psychological treatment during the past year? Y N

Have you had any prolonged illnesses? Please explain:

Have you ever been treated for:

Epilepsy Dissociative Disorder Heart Problems None

Describe:

Are you currently taking prescribed medication? Y N

If so, what?

Name of Physician / Psychologist:

Telephone:

Purpose of your appointments with Georgina?

Describe any previous efforts to solve this problem:



Would you like to be on our mailing list? Y N

How did you hear about us?

- Search Engine (Google, Bing, etc)
- Recommended by friend or colleague
- Social Media
- Blog or Publication
- Other

Your confidentiality will be adhered to and respected at all times. No information will be communicated, directly or indirectly, to a third party without your informed and written consent. Exceptions to confidentiality include the legal and/or ethical obligations to:

- *Inform a potential victim of violence of a client's intention to harm*
- *Inform an appropriate family member, health care professional, or police, if necessary, of a client's intention to end his or her life*
- *Release a client's file if there is a court order to do so*
- *Inform the Children's Aid Society if there is suspicion of a child being at risk or in need of protection due to neglect, or physical, sexual, or emotional abuse*

Client acknowledges understanding this questionnaire, and all information provided is accurate and complete to the best of Client's knowledge and that hypnosis is a healing modality working alongside, not instead of, any other current healing practice. It is also understood that as everyone responds differently to hypnosis, results cannot be guaranteed.

Please be advised, I have a 24-hour cancellation policy. Clients who do not notify me of cancellations within this time will be charged the full amount for their appointment.

SIGNATURE:

DATE: