**New Jersey Hypnosis Training**

***Mindful Hypnosis***

**Client Questionnaire**

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name of Spouse/Partner/Closest Family Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Body: List any recent surgeries, illness, or injuries:

Emotional: Fears, anxiousness, allergies, or depressed moods:

If you are taking any medications, please list *just the reasons* you are taking them:

Were you referred by a health care practitioner? If so, name of practitioner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your *main issue* or *reason* for being here today?

What are your *goals* and *expectations* with hypnosis?

Hobbies and Interests; *what brings you pleasure*?

What *motivates* you?

If you could go anywhere in the world, where would it be?

Do you prefer (circle)?

Warm weather ***or*** cold weather

Sunny day ***or*** overcast sky

Beach ***or*** Mountains ***or*** other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Luxurious resort ***or*** intimate bed and breakfast

Reading an actual book ***or*** downloading it to an e-reader

Do you observe any *religious* or *meditative* practices?

What are some the things you like to do, but would like to *do better* or *do* *more of*?

What will be different in your life when the problem that brought you here today is gone? What will you be able to do once this problem is behind you?

Please read and sign:

I understand that hypnosis, like any other healing method, is not guaranteed. I also acknowledge that although hypnosis has been proven to be highly effective when used in conjunction with medical treatment, ***it should not be used in place of medical or psychiatric care and treatments***. I further understand that it is my responsibility to notify any health care practitioner whose care I am now under and make him/her aware of my decision to use hypnosis as a tool to help me reach my desired goals. Additionally, I will continue any and all present treatments, and consult my doctor(s) for any new or old symptoms or illnesses.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Electronic Recording Disclosure**

Please carefully read and sign:

All sessions are recorded; this includes audio and/or video recording.

The reason for this is two-fold: There is, in our culture (here in the U.S.), a certain mystique about hypnosis. A lot of what people think they know about hypnosis comes from what they see at the movies or on TV, or read in books. Thanks to the vivid imaginations of writers, there is a lot of misinformation about what hypnosis is and what it isn’t. Unfortunately, lack of facts has not changed the opinions of many people, including those in the legal system. In order to protect both the hypnotist and you, the client, sessions are documented via electronic recording devices. The other reason is for your use; at your request, I will send you an audio file attachment (via email) of your session(s). Many clients find listening to their sessions in the weeks, and even months, that follow helps them tremendously. You may find it beneficial to go back and listen to your session(s) in the future.

At no time will I use the recording(s) for any use other than to settle any disputes in what took place in our sessions. Any recordings of our session(s) will be kept in a secured manner and no one but me will have access to them. They will be maintained with the strictest of confidence and unless you give written authorization, will not be released except as provided for by law.

By signing below, I acknowledge that I understand the above Electronic Recording Disclosure.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete if you would like your primary care practitioner to be kept up to date in your progress:

Physician’s/Practitioner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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