



GreenMountainHypnosis

Confidential Client Assessment

Please complete this form before your first session

Name: _____ Date: _____

Mobile Phone: _____ Home Phone: _____

*Address: _____

City: _____ State: _____ Zip: _____

**Follow up may be done by US mail. Leave blank if you do not want to receive mail from us.*

E-mail address: _____

Date of birth: _____ Marital Status: _____

Occupation: _____

How did you hear about us? _____

Who referred you? _____

Has anyone ever tried to hypnotize you? _____ For what? _____

Do you feel that you were successful? _____ Why? _____

What are you coming to work on? _____

What other methods have you tried? _____

What has been successful for you? _____

Would you consider yourself a spiritual person? *(Circle One)* Yes - No - Maybe

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Medical History

Please provide a list of all medications you are currently taking: _____

Are you being treated for:
Heart Disease? _____ Diabetes? _____ Epilepsy? _____ Pain? _____

Have you had any prolonged illness? (Circle One) Yes - No
If "yes", please explain? _____

Please provide the name(s) of your doctor(s) and /or therapist(s): _____

Do you give Green Mountain Hypnosis permission to contact your doctor(s) and / or therapist(s)? (Circle One) Yes - No

“I understand that sessions at Green Mountain Hypnosis may be video-recorded for insurance purposes and the recordings will become part of my confidential record. I acknowledge that it is my responsibility to complete this process as recommended. By signing this form, I confirm that all information is true to the best of my knowledge. By signing this form, I accept responsibility to inform my doctor(s) of my use of hypnotism.”

Client Name (Please Print) Client Signature Date

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