Taking Notice Now
Hypnosis
Mediumship
Workshops

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Confidential Client History Form

This form is to be completed **before** the first session: Date _____

Name _____ Cell Phone _____ Home Phone _____

*Address _____City _____State _____ Zip _____

**Follow-up may be done by US Mail. Leave blank to opt out.*

Date of birth _____ Age _____ Sex _____ Marital Status _____

E-mail address: _____ Occupation _____

How did you hear about us? _____ If referral, who referred you? _____

Has anyone ever tried to hypnotize you?_____ Reason _____

Generally, how did it go for you? _____

Reason you are coming for hypnosis _____

What other methods have you tried to address this? _____

What has been successful for you? _____

OPTIONAL: If applicable, please provide the name(s) of your doctor(s) and /or therapist(s), as well as the reason you are seeing them:

_____

_____

Have you had any prolonged illness? Yes ☐ No ☐ If "yes", what illness? _____

Do you give Taking Notice Now Hypnosis permission to contact your doctor(s) or therapist(s)? Yes ☐ No ☐

"I understand payment is due within 72 hours of receiving this confirmation message in order to confirm my sessions, otherwise the scheduled times may be released. This investment is for hypnosis sessions, including self-hypnosis training and instruction in energy techniques as appropriate. Appointment changes need to be made 48 hours in advance. Should I miss or cancel a session without 48 hours' notice, I either forfeit the session OR be charged a $75.00 rescheduling fee. Late arrivals of 30 minutes or more are treated as a missed appointment. I understand that sessions at Taking Notice Now may be video-recorded for insurance purposes and 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 request and share "Dear Health Care Provider" letter with my doctor to notify them of my use of hypnotism if I so choose."

_____ _____

Client Name (Please Print) Client Signature