



Tranquil Tones Hypnosis

Please fill out this form and bring with you to your first session.
This information will be helpful in guiding both you and the
hypnotherapist in the direction needed.

CONFIDENTIAL CLIENT HISTORY

Name _____

Home Phone _____ Cell Phone _____

Email _____

Address _____

City _____ Prov. _____ Postal Code _____

Date of Birth _____ Age _____ Sex M ___ F ___

Marital Status _____ Number of Children _____

Occupation _____

How did you hear about Tranquil Tones Hypnosis? _____

Referral? Please specify _____

If you were referred by a medical professional, do we have permission to discuss your progress
with him or her? Yes ___ No ___

Has anyone ever tried to hypnotize you? _____ Reason _____

Do you believe that you were hypnotized? _____ Why? _____

Reason you are coming in now for hypnosis: _____

Have you made any previous attempts to address this issue? _____

Results: _____

Date: _____