Client Information

Welcome! Please provide the following information to help me support you in the best way possible. Your responses will be kept strictly confidential and used only to guide our work together.

Last Name: _____ First Name_____

Preferred Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Pronouns You Use: _____

Occupation: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact

Name: _____

Phone: _____

Relationship: _____

Additional Information

- If someone referred you to me, please provide their name or source:

- Please describe any medical or psychological history you feel may be relevant to your session:

- What is the main reason you are seeking hypnosis at this time?

- Are you currently taking any medications or receiving medical care?

- Have you ever been hypnotized before? If yes, please share the reason and by whom:

- Is there anything else you would like to share with Sakura?