



1320 NW 23rd Street, Portland OR 97210
Office 503-764- 9976

Patient Intake Form

Name _____ Date _____

Address _____

Phone _____ Cell _____

Email _____ Date of Birth _____

How did you hear of Results Based Hypnotherapy? _____

- Website or web search describe which directory: _____
- Google
- Yellowbook.com
- Dex Online
- Yellow Book
- Dex Yellow pages
- Verizon Yellow Pages

Referred by: _____

MEDICAL INFORMATION

Are you currently under a doctor’s supervision for physical or mental care, if so whom and for what?

Condition: _____

Dr. Name: _____

Dr. Contact Information: _____

1. Are you currently taking any medication, or vitamins? If so, what type and for what purpose? _____

2. Do you have epilepsy? _____
3. Do you exercise? If so what exercise and how often? _____

4. Do you drink water, if you how much? _____
5. Do you smoke? If yes, how much do you smoke, what brand, how old were you when you started, when and where do you have your 1st cigarette each day? _____

6. Do you have any weight issues? If yes, how old were you when you started, what was going on in your life at that time, and why do you have a weight issue? _____

7. Are you here for Clinical Hypnotherapy? _____
8. Have you ever experienced NLP (Neuro Linguistic Programming)? If so, when and for what issue? _____

9. Have you ever experienced Clinical Hypnotherapy before? If yes, for what issue and what was your experience? _____

1. Are you currently employed, if so where and what is your career title? _____

2. How do you feel about your profession? _____

3. What would be your dream profession? _____
4. Are you single/married/divorced/committed relationship? _____

5. If in a current relationship please describe it, if not what have been your biggest challenges in the past? _____

6. Do you have children, if so how many and what ages and are they still at home? _____

7. Were you adopted, if so at what age and describe your childhood? _____

8. Have you ever been sexually molested or abused? If so what age? _____

9. Are you under emotional or physical stress, if so what is the stress and how are you coping? _____

10. What are the most difficult situations for you where you are at your weakest point? _____

11. Do you consider yourself Spiritual or Religious, if so please describe your beliefs or faith? _____

12. What are your hobbies? _____

1. What are you here to work on and what is your goal? _____

2. How will this change your life? _____

3. Describe a magical place where you would feel completely safe and relaxed, such as: The beach, a forest, a hot springs, floating in beautiful puffy clouds etc. use your imagination! _____

4. Describe something you did or accomplished that made you feel pleased or proud of yourself.

Such as: the moment you got an A on a test, returning something you found or winning an award etc.
