

Mederi Wellness Center
Confidential Client History Form

This form is to be completed for the initial session: Date _____

Please fill out this side of the form and read the Client Bill of Rights.

Signing this form indicates that you have read that information.

Name _____ Home phone _____ Work phone _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age _____ Sex _____ Marital Status _____

Occupation _____ No. Of Children: _____

How did you hear about us? Yellow Pages _____ Newspaper _____ Other Advertisement _____

Or, Referral _____ If so, who referred you? _____

Has anyone ever tried to hypnotize you? _____ Reason: _____

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

Generally, how did it go for you? _____

Reason you are coming for hypnosis _____

Any previous attempt to address this issue? Yes _____ No _____ Results _____

We find it useful to sometimes use a holistic approach (mind-body-spirit) when appropriate. Would you consider yourself a spiritual person? (Circle One) Yes - No - Maybe

Medical History

Are you currently undergoing medical or psychological treatment for the above issue?

Yes___ No___ If so, where? _____ Dr.'s name? _____

Have you been under a doctor's care in the past year? Yes___ No___

If "yes", please give reason _____ Dr.'s name? _____

Have you ever been treated for emotional problems? Yes___ No___ If "yes", are you currently receiving treatment or counseling? Yes___ No___ By whom? _____

Have you ever been treated for? Heart___ Diabetes___ Epilepsy___ Pain___

Are you currently taking any medications? Yes___ No___

If so, what _____

Reason for medication? _____

Have you had any prolonged illness? Yes___ No___ If "yes", what illness _____

Do you have any questions about hypnosis? Yes___ No___

Sessions at Mederi Wellness Center may be video taped, and become part of your confidential record.

Any appointment changes need to be made two office working days in advance. Appointments broken or canceled without the two working days' notice will be charged for the session. Thank you.

Client Signature

*Parent/Guardian Signature
(Signature is required if client is under 18 years old)

*If you wear HARD contact lenses, please remove them before your session, as they inhibit your ability to relax.