

WAYPOINT HYPNOTHERAPY

Hypnotherapy, NLP & Guided Imagery
1100 Quail St, Suite 215, Newport Beach, CA 92660

Please complete this form. All information is *strictly confidential*.

Last Name (please print) First Name Middle Initial

Street Address City State Zip

Work Phone Home Phone Email address

Is it OK for hypnotherapist to leave voice messages? **Yes** **No**

Can hypnotherapist contact you via text? **Yes** **No**

Can hypnotherapist email you? **Yes** **No**

Sex: M/F Marital Status: M/S/D/W No. of children _____

Occupation _____

How were you referred? (Circle all that apply)

Med referral Relative Friend _____ Internet

Other: _____

Are you under doctor's care? **Yes** **No**

Reason: _____

Doctor's Name _____

Are you taking medication? **Yes** **No** What

for: _____

Have you previously seen a psychologist or psychiatrist? (Circle) **Yes** **No**

Reason? _____

Name of
psychologist/psychiatrist _____

Have you ever been hypnotized before? **Yes No** What for? _____

What do you want to accomplish through the use of hypnosis today?: _____

Do you have any fears or phobias?

List: _____

I agree that my success with hypnosis will rest on my persistence in the process and the recommendations of the therapist. I agree to pay the entire fee for services rendered prior to the session unless otherwise agreed upon with the therapist.

I agree to pay a \$35.00 charge if I do not give a 24-hour cancellation of my appointment, and the full price of the session for a nocall/no show.

Signature: _____ Date: _____