



Nathalie Kelly, Board Certified Hypnotherapist
Confidential Client History Form

Name _____ Date _____
Home phone _____ OK to call? _____ OK to leave message? _____
Work phone _____ OK to call? _____ OK to leave message? _____
Address _____ City _____ State _____ Zip _____
E-Mail _____ Date of Birth _____ Age _____ Marital Status _____
Occupation _____ No. Of Children: _____
How did you hear about me? Yellow Pages ___ Newspaper ___ Brochure (where?) _____
Referral ___ If so, who referred you? _____
Has anyone ever tried to hypnotize you? _____ Reason: _____
Generally, how did it go for you? _____
Reason you are coming for hypnosis _____
Any previous attempt to address this issue? Yes ___ No ___ Results _____
I 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? _____

Please make any appointment changes two office working days in advance. Appointments broken or cancelled without 48 hours 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.