



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.



**Agapé Hypnotherapy**  
**Nathalie Kelly, BCH**  
**233-8064**

Thank you for choosing me as your hypnotherapist. In our work together it's helpful to have clarity about your goals and motivations. Please define your goal and list the benefits you expect to gain from making the change you would like to make. The information will be helpful during your sessions.

I want to:

\_\_\_\_\_.

Because:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Check as many of the following as it applies to you, and fill in the blank space if appropriate.

\_\_\_ I often feel that I should be punished for something I once did.

\_\_\_ I know of a past experience or relationship that could be causing this problem.

\_\_\_ I am aware of an internal conflict that may be causing part (or all) of my problem.

**This is your Personal Change Place.**  
**Tell your friends.**