

## **CLIENT INTAKE FORM for QC HYPNOTHERAPY**

**\*Name (*print*)**

\_\_\_\_\_

**\*Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **\* Age** \_\_\_\_\_ **\*Gender** \_\_\_\_\_

**\*Address** \_\_\_\_\_

**\*Phone** \_\_\_\_\_

**\*Emergency Contact** \_\_\_\_\_

**\*Phone** \_\_\_\_\_

**\*Email Address** \_\_\_\_\_

**\*SS#** \_\_\_\_-\_\_\_\_-\_\_\_\_

**\*Reason for appointment**

\_\_\_\_\_  
\_\_\_\_\_

**\*Existing Health Issues**

\_\_\_\_\_  
\_\_\_\_\_

Rate: Membership (50%) \_\_\_\_\_ Veteran (20%) \_\_\_\_\_

**Miscellaneous**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_