



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.