

Tina Pineiro

742 Main Street, Suite 201
Honesdale, PA 18431
www.honesdalehypnosis.com

Date: _____

Name: _____ Birthdate: _____

Address: _____

Occupation: _____ Marital Status: _____

Children? _____ E-mail: _____

Phone (s) _____

Reason for Appointment: _____

Referred By:

Friend/Relative/Coworker:	Yes	No
Yellow Pages or Other Publication:	Yes	No
Website:	Yes	No
Physician:	Yes	No

Psychotherapy, counseling, or alternative therapies you've received:

Describe Current Health: _____

Do you sleep well? Yes No

History of Seizures or Epilepsy: Yes No

Have Fear/Phobias? Yes No

Current Meds: _____

Are you in any physical discomfort? If so, please describe: _____

If appropriate, may I consult your physician/therapist? Yes No

(Please provide name, address, phone):

Have you been hypnotized before? Yes No

(If yes, describe) _____

Describe your expectations of hypnosis: _____

Describe a peaceful place for you: _____

Would you describe yourself as a spiritual person? Yes No

Anything else I should know to be helpful to you: _____

I understand that good and lasting results may require several hypnosis sessions, and that I may be required to practice self-hypnosis and/or listen to a reinforcement recording between sessions or at home. I am responsible for actively cooperating with, and participating in my program. Tina Pineiro, NGH Certified Consulting Hypnotist, shall not be held accountable for the results I attain. I understand that I may be referred elsewhere for proper treatment, and that my program may be terminated if deemed appropriate. I have read the client bill of rights, and I understand that all information about me will be kept strictly confidential.

Signature: _____ Date: _____

GUARDIAN SIGNATURE (IF UNDER 18 YEARS OLD)
