

Client History Form

PERSONAL (Voluntary)

Name _____ Date: _____
Address: _____ City _____ State _____ Zip _____
Hm: Phone: _____ Wk: Phone: _____
Employed By: _____ Title: _____
E-Mail Address: _____
Sex: _____ Height: _____ Weight: _____ Age: _____
Marital Status: Married: _____ Single: _____ Divorced: _____ Separated: _____
Name of Spouse: _____
Military Service: _____
Referred By: _____
Have You Ever Been Hypnotized Before, and When? _____
Why were you hypnotized? _____

FAMILY (Significant Information)

Children: _____
Parents _____
Other Family Information: _____

EDUCATION

Grade Completed: _____ College Years Completed: _____ Major: _____

MEDICAL HISTORY

Have you been under a medical doctor's care in the past year? Yes () No ()
If yes, please give the reason _____
Doctor's Name: _____
Have you ever been treated for an emotional problem? Yes () No () If yes, nature of the
problem: _____ Are you currently receiving treatment? Yes () No ()
If yes, by whom? _____. Have you
had any prolonged illness? Yes () No () When? _____ Nature: _____
Are you currently taking any medication? Yes () No () If yes, what? _____
Reason for medication? _____
Why are you coming for hypnosis _____
Any previous efforts to solve the problem? Yes () No () Results: _____
Are you undergoing medical or psychological treatment for the above problem? Yes () No ()
If yes, Dr.'s Name: _____
Do you have any questions about hypnosis? Yes: () No ()
Are you presently in any physical discomfort? Yes: () No: ()

If you are wearing contact lens, please remove them before hypnosis.

**I understand that Charles Wm. Skillas, Ph.D. DD, is practicing
hypnotherapy and is not practicing medicine, psychotherapy or counseling.**

Client Signature: _____ Date: _____