

# Client Intake Form



Please complete this form. The information will be utilized to help tailor your session to best suite your needs. Please note some treatments may require a signed medical release form prior to the beginning of your hypnotherapy session. All information is strictly confidential.

Last Name (Please Print) First Name Middle Initial

Street Address Apt/Ste # City ST Zip

Work Telephone # Home Telephone # Cell Phone #

Birth Date (MO/DA/YR) E-mail Address

Sex Marital Status Occupation

Have you ever been treated for an emotional problem?  YES  NO  
IF yes, please explain: \_\_\_\_\_

Have you ever been hypnotized before?  YES  NO  
IF yes, please explain: \_\_\_\_\_

What do you want to accomplish through the use of The Power Plan Coaching or Hypnosis? \_\_\_\_\_

Any previous efforts to solve this problem?  YES  NO  
What were your results? \_\_\_\_\_

How did you learn about Divine Strategy/Lia R. Dunlap, CCHT? (Check all that apply)  
 Medical Referral  Relative  Friend  Co-worker  Facebook  Twitter  Google/Yahoo, etc.  
 Other: \_\_\_\_\_

Do you have any fears or phobias?  YES  NO  
IF yes, please explain: \_\_\_\_\_

I am willing to be guided through relaxation, visual imagery, creative visualization, hypnosis, and stress reduction processes and techniques for the purpose of vocational or avocational self-improvement. I understand that the hypnotherapy I am receiving is not a substitute for normal medical care and I have been advised to discuss this hypnotherapy with any doctor who is taking care of me now or in the future. Additionally, I should continue any present medical treatment and consult my regular medical doctor for treatment of any new or old illnesses.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name I like to be called: \_\_\_\_\_