



INTUITIVE HYPNOSIS

DEBBIE A TAYLOR MA CHT · 503-312-4660

Case History

Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Best Phone Number _____ E-mail Address _____

Birthday _____ Age _____

1. What would you like to address in your hypnosis session today?

2. What is your occupation? _____

For how long? _____

Do you enjoy the work you do? Yes No

Do you get along with your coworkers? Yes No

3. Relationship Status

Married Divorced Single Partnered Other _____

4. Children?

Male Female Age: _____

Male Female Age: _____

Male Female Age: _____

Male Female Age: _____

Male Female Age: _____

5. Emergency Contact:

Name: _____

Number: _____ Relationship to you: _____

6. Do you have allergies? Yes No

Are they:

Seasonal? Yes No

Food? Yes No

Medication? Yes No

Other allergies? Yes No

What are you allergic to and how long have you been allergic? _____

7. Would you say your health is:

Excellent Good Fair Poor

8. Are you currently taking any prescription or over the counter medications?

Yes No

Please list the type of medication. _____

Why you are taking it? _____

How long have you been taking it? _____

Do you feel it is helping? Yes No

9. Have you experienced a major accident or illness in the past 10 years?

Yes No

10. Please indicate if you have current or previous health issues in any of the following areas:

Central Nervous System

Respiratory System

Cardiovascular System

Gastrointestinal System

11. Have you ever been diagnosed with a mental and/or emotional illness?

Yes No

If yes, what was the diagnosis? _____

How long ago? _____

Are you taking medication for this? Yes No

12. Are you currently working with a counselor and/or therapist?

Yes No

Name? _____ Number? _____

13. Do you smoke, chew, or vape tobacco? Yes No

How often? _____

14. What is your average weekly alcohol intake? _____

15. Do you use recreational drugs? Yes No

How often? _____ What time of day? _____

Do you use the drugs Alone? With others?

16. Any previous experience with hypnosis? Yes No

If YES,

How long ago? _____

For what purpose? _____

Did it work? Yes No

If NO,

What made you decide to try it today? _____

17. Please indicate which, if any, of the following major life changes you have experienced in the past 2 years:

Buying/selling property

Marriage/Divorce

Moving

Gaining or losing a loved one
(person or pet)

Career Change

18. How many brothers and sisters do you have? _____

Are you close to them? Yes No

What is your birth order (oldest, 2nd of 5, youngest, etc.)? _____

19. If your parents are divorced, how old were you when they divorced? _____

20. Do you have a spiritual or religious practice that is an important part of how you live your life? Yes No

21. Anything else I should know about you and your life situation that will help me address your reason for coming in today? _____

22. Referred by _____