

CLIENT INFORMATION SHEET

Welcome to KITSAP HYPNOSIS CENTER. We look forward to providing you with excellent and efficient counseling services. Please take a few minutes to fill out this form. The information will help me better understand your situation as well as how to best to help you resolve your current life challenges. Please note: the information is confidential and will not be released to anyone without your written permission unless we are compelled to in accordance with Washington State law.

Today's Date: _____

Type of services being sought (Check all that applies):

Individual Adult Individual Minor Marital/Couple Family

Referral Source: School Another Client Ad Friend/relative Legal System

Self Other _____.

Name of person filling out application: _____

Address: _____

City: _____ Zip: _____

Primary Phone/Cell Contact Number: _____

Primary E-mail Contact Address: _____

Names of individuals living in your primary household (Please check any who are attending counseling)

<input type="checkbox"/>	Last, First Name	Relation	Birthdate	Employment/School & Grade	Ethnicity
Additional Household Members/Second Household/Children Outside the Home					

Sources of Stress: What are the primary concerns that bring you here for counseling?

1. _____

2. _____

3. _____

What is the most important thing you think your counselor should know about these concerns?

What do you hope to accomplish through the use of our services:

HYPNOTHERAPY SERVICES:

How did you hear about my services? _____

Have you ever been hypnotized before? Yes _____ No _____

If yes, by whom: _____ Reason: _____ When: _____

Signature: _____ Date: _____

----- *for office use only* -----

Medical Release: (Dr.)

_____ address: _____ phone: _____

Licensed Mental Health: _____ address _____ phone _____

Parental Release: _____