

CLIENT INTAKE FORM – HYPNOSISSOLUTION.COM

To save time at the beginning of the session and focus on your request, I suggest you fill in this form and send it to me by e-mail at cyril.colmetdaage@gmail.com

Personal Information

- **Last Name:** _____ **First Name:** _____ **Date of Birth:** _____
- **Address:** _____
- **Phone Number:** _____ **Email Address:** _____

Reason for Consultation

- **What is the main issue you would like to work on?**
(Please describe briefly what brings you here.)
- **How long has this issue been present?**
- **Have you already taken any steps to address it?**
☐ Yes ☐ No
If yes, please specify:

General Well-being

- **How would you describe your current emotional state?**
(e.g., stress, fatigue, anxiety, calm, etc.)
- **Are you currently receiving any medical or psychological treatment?**
☐ Yes ☐ No
If yes, please specify:
(type of treatment, name of the healthcare professional if you wish to share)
- **Do you have any significant medical or psychological history?**
☐ Yes ☐ No
If yes, please explain:

Your Expectations Regarding Hypnosis

- **Have you experienced hypnosis before?**
☐ Yes ☐ No
If yes, in what context and how did you experience it?
- **What do you expect from this session?**
(e.g., sleep better, overcome a fear, quit smoking, etc.)
- **Is there anything specific you'd like me to be aware of for this session?**
(e.g., allergies, physical discomfort, personal beliefs, boundaries, etc.)