
Clinical Interview Intake Form

Date: _____ Time: _____

Name: _____

FIRST

MIDDLE

LAST

Address: _____

Preferred Contact Telephone#_(_____)_____

Email: _____

Date of Birth: ____/____/____ Age: _____ Gender: __M __F

What do you want to accomplish with hypnosis today?

___ Stress Management

___ Quit Smoking

___ Weight Loss

___ Overcome Fears - Specify: _____

___ Habits

___ Test Taking

___ Sports Performance

___ Medical Condition - Specify: _____

___ Pain Management

___ Sexual Difficulties

___ Other - Specify: _____

Prior Experience with hypnosis:

- None
- Have been hypnotized at a stage show
- Have been hypnotized one on one
- Have listened to hypnosis tapes or CD's
- Have read books on hypnosis
- Have friends/family who have been hypnotized

What are your beliefs about hypnosis?

- I think it can help me
- I will try it and see what happens
- I am a skeptic

What are your three biggest personal strengths?

- 1.)
- 2.)
- 3.)

FOR OFFICE USE ONLY:
TCH CCH: _____
Date: _____
Goals: _____

HEALTH: List all medical and mental health conditions for which you are currently being treated.

- 1.) Diagnosis: _____
 Treating physician: _____
 Medications: _____

- 2.) Diagnosis: _____
 Treating physician: _____
 Medications: _____

- 3.) Diagnosis: _____
 Treating physician: _____
 Medications: _____

- 4.) Diagnosis: _____
 Treating physician: _____
 Medications: _____

List any other health concerns, fears, or issues: _____

List any other medications: _____

How much do you currently weigh? _____

What is your target weight? _____

Do you drink alcohol? ____

Never

____ Once a month

____ Once a week

____ A few times a week

____ Daily

Do you smoke cigarettes?

____ Never have

____ Former smoker - If so, When did you quit: _____

____ Yes, I am a light smoker - If so, How many cigarettes per day: _____

____ Yes, I am a heavy smoker - If so, How many cigarettes per day: _____

Your age when you started smoking? _____

Do you use marijuana?

____ NO ____ YES - If so, How often: _____

Do you: ____ frequently ____ occasionally use other drugs?

____ Cocaine or other stimulants

____ Ecstasy or club drugs

____ Heroin or Methadone

____ Non-prescribed pain pills

____ Prescription pain pills

____ Prescription anti-anxiety medications (such as Valium or Xanax)

____ Non-prescribed anti-anxiety medications

____ Other drugs - Specify: _____

Do you have sleep difficulties? ____ Rarely

____ I don't get enough sleep

____ I have trouble falling asleep

____ I have trouble staying asleep

____ I sleep too much

Eating Patterns:

____ I am on a special diet - Specify: _____ ____ I eat

mostly healthy foods

____ I don't eat regularly

____ I overeat

____ I do not eat enough

____ I binge eat

____ I purge myself when full

____ I snack too often

Exercise Patterns:

____ I work out frequently - Specify: ____

____ I exercise occasionally - Specify: _____ I do
not get enough exercise

____ I have a health condition that limits my ability to exercise: ____ Specify: _____

In my personal relationships, I am:

____ Unsatisfied

____ Sometimes satisfied

____ Mostly satisfied

____ I am very happy with my relationships with others

What do you do to handle tension and stress? _____

What do you do for fun? _____

What are your hobbies? _____

What do you want to accomplish with hypnosis? _____

