



Serene Soul Hypnotherapy & Energy Healing

CLIENT INFORMATION SHEET

Full Name: _____ Age: _____

Phone: _____ Email: _____

Religious Preference: _____

Marital History: Never married _____ Widow/Widower _____

1st marriage: Date(s) _____ Spouse _____

Children _____

2nd marriage: Date(s) _____ Spouse _____

Children _____

Who has custody of your minor children? _____

Have you ever considered suicide? _____ Attempted? _____

Do you suffer from: Migraines _____ Epilepsy _____ Vertigo _____

Circle any of the following which are currently causing you difficulty:

Abuse Addiction Anger Anxiety Assertiveness Attachment Issues Body Image
Burnout Carrer Choices Concentration Creative Blocks Cutting Dating
Depression Divorce Energy Fear Finances Food Disorders Grief Guilt
Headaches Health HearingVoices Hopelessness In-Laws Legal Issues Marriage
My Past Nightmares Obsessiveness Panic Attacks Parents Parenting Phobia
Religion Sadness Self-Concept Self-Control Self-Esteem Self-Sabotage Sexual
Problem Sleep Step-Family Suicidal Thoughts Trauma Violence Work-Life
Balance

What was your father's main character weakness? _____

What was your mother's main character weakness? _____

What is your birth order? (i.e. oldest, youngest, of how many, etc.),

How will you be different if this work is successful?

What do you hope to gain from this therapy?

Statement Of Confidentiality

The Client-Practitioner relationship offers confidentiality in so far as allowed by the laws of the State of Wisconsin. Under certain conditions, the right to confidentiality is necessarily violated. Those conditions include the potential for suicide or homicide on the part of the client. Likewise, when there is reason to suspect that physical or sexual abuse has occurred to a child or an elderly person, the practitioner is required by law to report the situation to the Department of Human Services, division of Child Protective Services.

Thank you for completing this questionnaire. I understand and accept these terms and conditions.

Client's Signature

Date