

CONFIDENTIAL CLIENT QUESTIONNAIRE

All information that you provide to me or that we discuss during therapy will be kept strictly confidential except that which I am legally obliged to report, such as a threat of injury to yourself or others. If you are uncomfortable in any way with any of these questions, feel free to skip them. We can discuss them more in person at the first session. Please complete and return the form to me via email or bring in prior to your session.

BACKGROUND INFORMATION

Name:

Date of birth: Age:

Street address:

City, state, & area code:

Phone:

Email:

Name of Spouse/Partner (if applicable) and number of years together:

Names and Ages of Children (if applicable):

What is your current occupation?

List your 2 favorite places (i.e., where you feel most happy/ relaxed):

1.

2.

List your three most important lifetime goals:

1.

2.

3.

Do you follow any spiritual practices (e.g., prayer, meditation) or identify with a certain religion?

What is your relationship with your immediate family members (parents, siblings, spouse, children) at present?

Please briefly detail past challenging events/ experiences that have made an impact on you:

Do you have any previous experiences of hypnosis or regression?

How did you hear about me?

PHYSICAL, MENTAL, AND EMOTIONAL HEALTH

List any current health problems or concerns:

Is a doctor treating you? YES /NOIf yes, please list for which condition(s):

List any medications you are currently taking, including the dosage, frequency, and if you are experiencing any known side effects:

Please list any major surgeries or medical procedures you have had in your lifetime:

Are you or could you be pregnant? YES/ NO N/A

Do you drink alcohol or use recreational drugs? YES NO

If yes, please list the substance and specify the frequency of use:

List any fears or phobias:

Do you experience any compulsive tendencies?

Is there a history of mental illness or emotional problems in your family?

Have you ever needed to work with mental health professionals? If so, please explain.

Are you currently experiencing any of the following? (Please highlight all that apply)

THERAPEUTIC GOALS

Why are you seeking regression therapy?

If you have a specific issue you'd like to work on, please note what was happening in your life around the time it started (if you know):

Please list any other conditions occurring in your life that you believe are negatively affecting you in any way, providing details your concerns, needs, or fears.

RELEASE STATEMENT

I hereby authorize Chloe Manier to help me to regress/progress myself for the purposes outlined in this intake form and for future purposes that I may request. Furthermore, I understand that regression/progression is not a medical procedure and that no medical benefits are being offered to me. I understand that the success of my regression therapy depends on my ability to relax and my desire to create change in myself. I understand that, because the results of regression/progression sessions depend on my own serious participation, Chloe Manier cannot offer any guarantee of the success of my treatment. I am aware, however that she will do everything reasonable in her ability to ensure my success.

Signature: _____ Date: _____

Please note: Emailing this form back to me with or without your signature will be considered your agreement to the above statement. Regarding missed appointments: I can often rearrange appointments if necessary, but if you need to cancel or reschedule with less than 24 hours notice, you will be charged for your missed appointment.