

Niceville & Ft Walton Beach Hypnosis

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Clinical Interview Intake Form

Date: _____ Time: _____

Name: _____

FIRST

MIDDLE initial

LAST

Date Of Birth: ____/____/____ Age: _____ Gender: ___M___F

Address:

Preferred Contact Telephone# (_____) _____ Permission to contact (Y) ___ or (N)___

Email: _____ Permission to contact (Y) ___ or (N)___

What do you want to accomplish with hypnosis today:

___ Stress Management

___ Quit Smoking

___ Weight Loss

___ Overcome Fears – Specify: _____

___ Test Taking

___ Medical Condition – Specify: _____

___ Pain Management

___ Sexual Difficulties

___ Other - Specify: _____

What is your 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

FOR OFFICE USE ONLY:

TCH CCH:

Date:

Goals:

What are your three biggest personal strengths?

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

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

1.) Diagnosis: _____
 Treating physician: _____
 Current Medications (if any): _____

2.) Diagnosis: _____
 Treating physician: _____
 Current Medications (if any): _____

3.) Diagnosis: _____
 Treating physician: _____
 Current Medications (if any): _____

4.) Diagnosis: _____
 Treating physician: _____
 Current Medications (if any): _____

List any other known 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
- Extacy or club drugs
- Heroin or Methadone
- Unprescribed pain pills
- Prescription pain pills
- Prescription anti-anxiety medications (such as Valium or Xanax)
- Unprescribed 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? _____
