

Susan Marco, LLC

*Helping You Produce New Options*

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of Children \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Email: \_\_\_\_\_

**Health History:**

Have you been under a doctor's care in the past year? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_

Have you had any prolonged illness? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_

Are you currently taking any medication(s)? Yes \_\_\_\_ No \_\_\_\_

If yes, what medications? \_\_\_\_\_

Reason for medications? \_\_\_\_\_

Have you been treated for an emotional issue? Yes \_\_\_\_ No \_\_\_\_

If yes, are you currently receiving treatment or counseling? \_\_\_\_\_

Nature of present issue (Reason you are here today!) \_\_\_\_\_

Any previous efforts to solve this issue? Yes \_\_\_\_ No \_\_\_\_

Results? \_\_\_\_\_

What would you like to accomplish with this session? \_\_\_\_\_

Do you have any fears? \_\_\_\_\_

**Hypnosis history:**

Have you been to a hypnotist before? Yes \_\_\_\_ No \_\_\_\_

Do you have any questions about Hypnosis? Yes \_\_\_\_ No \_\_\_\_