

Helping You Produce New Options

Susan Marco, LLC

Advanced Clinical Hypnosis

14 Church Street, Little Silver, NJ 07739 732-500-7843

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 ____