

**ALTERNATIVE BEHAVIOR ASSOCIATES
PATIENT INTAKE/HISTORY FORM**

For all new patients: Please complete this form before being seen. Thank you.

Date_____

Name_____ Home Phone_____ Work Phone_____

Cell Phone_____ Email address_____

Website URL_____

Street Address_____ City_____ State_____ Zip_____

Date of Birth_____ Age_____ Sex_____ Marital Status_____

Occupation_____ No. of Children_____

How did you hear about us?_____

If referred, by whom, and what did they say?_____

Has anyone ever tried to hypnotize you?_____ Reason_____

Do you believe that you were hypnotized?_____ Why?_____

Generally, how did it go for you?_____

Reason you are coming for hypnosis_____

Any previous attempts to address this issue? Yes___ No___ Results_____

Are you currently having medical or psychological treatment for the above issue?_____

If so, where?_____ DR's name?_____

Have you been under a doctor's care in the past year? Yes___ No___

If yes, please give reason, and doctor's name_____

Have you ever been treated for emotional problems? Yes___ No___

By whom?_____

Have you ever been treated for Heart___ Cholesterol___ Diabetes/Sugar___ High Blood Pressure___
Pain___ Epilepsy___ Allergies___ Asthma___ Bronchitis___ Ephysema___ Breathing problems___
Insomnia___ Headaches___ Stomach problems___ Bowl problems___ Urination problems___
Sexual problems___ Cancer___ Brain injury___ OTHER:_____

Are you taking any medications? Yes___ No___ What?_____

Reason for medication/s:

Have you had any prolonged illness? Yes__ No__ If so, what? _____

Do you have any questions about hypnosis? Yes___ No___

CONSENT

I understand that Hypnosis as practiced by Bruce Eimer is not a medical treatment but a process whereby an individual is taught to use their own abilities for their benefit. With this understanding, I hereby grant permission to Bruce Eimer to hypnotize me.

Date_____ Signature_____

*If you wear HARD contact lenses, please remove them before your session, as they inhibit your ability to relax.

BENEFITS

Please list at least SEVEN benefits that you would receive by making the change/s that you have come here to work on.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____