



Optimum Function: Functional Hypnosis Intake Form

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Gender (circle):    Male    Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License # : \_\_\_\_\_ Employer: \_\_\_\_\_

Day Phone \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Marital Status: (Check)    \_\_\_\_\_ Married    \_\_\_\_\_ Single    \_\_\_\_\_ Divorced    \_\_\_\_\_ Widow

Name of Spouse: \_\_\_\_\_

Day Phone \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Names and Ages of Children (if any):

List three favorite colors: \_\_\_\_\_

List three favorite places: \_\_\_\_\_

List any fears or phobias: \_\_\_\_\_

Do you suffer any compulsive tendencies? \_\_\_\_\_

Do you:    \_\_\_\_\_ Smoke    \_\_\_\_\_ Use Drugs    \_\_\_\_\_ Drink    Religious Preference: \_\_\_\_\_

List any current health problems or concerns:

List any medications that you are taking and why you are taking them:

List three of your most important achievements:

List three of your hobbies

Current Occupation: \_\_\_\_\_

Do you enjoy your work? Briefly explain



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List three things that you would like to do better or improve:

If you could be, do, have or become anything, what would you wish for?

Why are you seeking Hypnotherapy?

How did you hear about me?

**Do you currently suffer from any of these: epilepsy, depression, mental illness \_\_\_Yes \_\_\_No**

**Stress Level Profile:**

Read each statement below and circle the number to the right of it that best represents yourself and your behavior at this time. **1- not at all 2- slightly 3- moderately 4- very much**

1	I often lose my appetite or eat when I am not hungry	1	2	3	4
2	My decisions seem to be more impulsive than planned, I tend to feel more unsure	1	2	3	4
3	The muscles in my neck, back and stomach frequently get tense.	1	2	3	4
4	It seems that I have thoughts and feelings about my problems that run through my	1	2	3	4
5	I have a hard time getting to sleep, and I wake up often or feel tired	1	2	3	4
6	I feel the urge to cry or get away from my problems	1	2	3	4
7	I tend to let anger build up and then explosively release my temper in some aggressive way or destructive way	1	2	3	4
8	I have nervous habits ( tapping my fingers, shaking my leg, pulling my hair, scratching, wringing my hands and etc)	1	2	3	4
9	I often feel fatigued, even when I have not been doing physical work	1	2	3	4
10	I have regular problems with constipation, diarrhea, upset stomach or .....	1	2	3	4
11	I tend to not meet my expectations either because they are unrealistic or I have	1	2	3	4
12	I periodically lose my interest in sex	1	2	3	4
13	My anger gets aroused easily	1	2	3	4
14	I often have bad unhappy dreams or nightmares	1	2	3	4
15	I tend to spend a great deal of time worrying about things	1	2	3	4
16	My use of alcohol, coffee, smoking or use of drugs has increased	1	2	3	4
17	I feel anxious, often without any reason that I can identify	1	2	3	4
18	I conversation my speech tends to be weak, rapid, broken or tense	1	2	3	4
19	I tend to be short tempered and irritable with people	1	2	3	4
20	Delays, even ordinary ones, make me fiercely impatient	1	2	3	4

## **RELEASE STATEMENT**

I understand Functional Hypnosis, also referred to as Clinical Hypnosis or Hypnotherapy is not a replacement for traditional medical or mental treatment and should not be used as such. I understand that Hypnosis is not a replacement for my primary care physician's care nor is it to be used for, or is it a replacement for any medications, diagnosis or treatment of a licensed medical doctor.

I hereby authorize Tim Irving DC, MS, Hypnotherapist, to hypnotize me for the concerns we have discussed and/or that I have indicated on this intake form. The form is confidential and is used only as a tool in helping develop an effective program for my individual needs. I give Dr. Irving permission to use hypnosis for any issues that have been outlined in this intake form and for any future purposes that I may request. I understand that the success of my hypnosis sessions depends greatly on my own ability and desire to affect change in myself and the results depend greatly on my own serious participation and follow through. I understand that although hypnosis can be very effective and has a high success rate, Dr. Irving does not offer a guarantee, as my own personal success depends on my own ability and desire to create change in myself.

**I understand that if I am paying by credit card that all fees for services rendered by Dr. Irving will be payable upon completion of services and is to be paid in full. I understand that Dr. Irving does not accept any form of insurance or state supplied programs at this time for Functional Hypnosis.**

Print your name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTES – COMMENTS:**