

# Intake Questionnaire & Release Form

**NOTE: All information will be kept strictly confidential except that which we are legally obliged to report such as threat of injury to self or others. If you are in any way uncomfortable with any of these questions, feel free to skip them. Please be aware that the more you tell me about yourself, the more I may be of assistance to you. Feel free to use the back of the questionnaire to go into detail about anything you wish for me to know about you or to help you with. It is our honor to assist you.**

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Personal Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced

Names and Ages of Children \_\_\_\_\_

Name of Spouse/Partner \_\_\_\_\_

1. List your three favorite colors in order of preference \_\_\_\_\_

\_\_\_\_\_

2. List your three favorite places in order of preference: \_\_\_\_\_

\_\_\_\_\_

3. List any fears/phobias \_\_\_\_\_

4. Do you have any Current health problems \_\_\_\_\_

5A. Are you being treated by a physician? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, for what? \_\_\_\_\_

Doctor info (*name, address, tel. #*) \_\_\_\_\_

5B. Are you being treated by a psychologist/psychiatrist? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, for what? \_\_\_\_\_

Name, address, tel. # \_\_\_\_\_

6. Have you ever been hypnotized? \_\_\_ Yes \_\_\_ No

If so, when, where and why? \_\_\_\_\_

7. What is your current occupation? \_\_\_\_\_

8. Do you enjoy your work? \_\_\_\_\_

9. How did you hear about this office? \_\_\_\_\_

10. Are you currently experiencing any of the following: *(Please check all that apply.)*

\_\_\_ nervousness \_\_\_ inability to relax \_\_\_ sleeplessness \_\_\_ compulsive tendencies

\_\_\_ teeth grinding \_\_\_ poor health \_\_\_ cigarette smoking \_\_\_ alcohol abuse

\_\_\_ compulsive overeating \_\_\_ codependency \_\_\_ inability to focus attention

\_\_\_ marital problems \_\_\_ recent divorce \_\_\_ war trauma \_\_\_ childhood trauma

\_\_\_ poor self-esteem \_\_\_ abusive home situation \_\_\_ abusive work situation

other: \_\_\_\_\_

11. Do you follow any spiritual or meditative practices? *(if so please describe.)*

\_\_\_\_\_  
**RELEASE STATEMENT:** *I hereby authorize certified personnel of the Marinelli Center For Personal Development to hypnotize me for the purposes outlined in this intake form and for future purposes that I may request. I understand that the success of my hypnosis therapy depends greatly on my own ability to relax and desire to create change in myself. I understand that because the results of my sessions depend greatly upon my own serious participation, that the Marinelli Center For Personal Development cannot offer any guarantee of the success of my treatment. I am aware however, that the Marinelli Center For Personal Development will do everything reasonably in their power to ensure my success.*

Signature \_\_\_\_\_ Date \_\_\_\_\_