

NLP Hypnosis Centre Intake Appraisals
Confidential Client Form

Date:

How did you hear about NLP Hypnosis Centre? _____

If a referral, please specify: _____

If you were referred by a medical professional, do we have permission to discuss your progress with him or her? Yes____No____

- Female
- Male

Full Name:

Street Address: _____

Marital Status: _____

Children: _____

Province, Postal Code: _____

Daytime Phone: _____

Email: _____

Health Problems and Medications

Presenting Issues

- Self-Control
- Weight Management
- Situational Stress
- Sleep Improvement
- Appearance
- Interpersonal Skills
- Optimism
- Goal-Setting
- Attraction

- Success/Achievement
- Become Persuasive
- Spirituality
- Self-Confidence
- Occupation
- Personal Organization
- Relationships
- Facilitate Wellness
- Referred Medical Issues
- Other Referred Issues
- Other Issues

What others methods have you tried to solve this issue?

Please list 7 benefits you expect to gain by having a session at NLP Hypnosis Centre:

Please list 3 things than you think are causing your issue:

Any other comment:
