

# Client History Form

## PERSONAL (Voluntary)

Name \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Hm: Phone: \_\_\_\_\_ Wk: Phone: \_\_\_\_\_  
Employed By: \_\_\_\_\_ Title: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_  
Marital Status: Married: \_\_\_\_\_ Single: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_  
Military Service: \_\_\_\_\_  
Referred By: \_\_\_\_\_  
Have You Ever Been Hypnotized Before, and When? \_\_\_\_\_  
Why were you hypnotized? \_\_\_\_\_

## FAMILY (Significant Information)

Children: \_\_\_\_\_  
Parents \_\_\_\_\_  
Other Family Information: \_\_\_\_\_

## EDUCATION

Grade Completed: \_\_\_\_\_ College Years Completed: \_\_\_\_\_ Major: \_\_\_\_\_

## MEDICAL HISTORY

Have you been under a medical doctor's care in the past year? Yes ( ) No ( )  
If yes, please give the reason \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_  
Have you ever been treated for an emotional problem? Yes ( ) No ( ) If yes, nature of the  
problem: \_\_\_\_\_ Are you currently receiving treatment? Yes ( ) No ( )  
If yes, by whom? \_\_\_\_\_ Have you  
had any prolonged illness? Yes ( ) No ( ) When? \_\_\_\_\_ Nature: \_\_\_\_\_  
Are you currently taking any medication? Yes ( ) No ( ) If yes, what? \_\_\_\_\_  
Reason for medication? \_\_\_\_\_  
Why are you coming for hypnosis \_\_\_\_\_  
Any previous efforts to solve the problem? Yes ( ) No ( ) Results: \_\_\_\_\_  
Are you undergoing medical or psychological treatment for the above problem? Yes ( ) No ( )  
If yes, Dr.'s Name: \_\_\_\_\_  
Do you have any questions about hypnosis? Yes: ( ) No ( )  
Are you presently in any physical discomfort? Yes: ( ) No: ( )

**If you are wearing contact lens, please remove them before hypnosis.**

**I understand that Charles Wm. Skillas, Ph.D. DD, is practicing  
hypnotherapy and is not practicing medicine, psychotherapy or counseling.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_