Lakeridge Hypnosis Centre

New Client Form

1291 King Street East
Oshawa, Ontario, Canada, L1H 1J2
Tel: 905-436-6688 Fax: 905-436-6690
email: office@lakeridgechiropractic.ca

Today's Date	(Day / Month / Year)			
Client Info	Last Name	First Name		
	Date of Birth	Age	Male Female	
	e-mail	Occupation		
	Cell phone	Home Phone		
	Single Married/Partner Divorced/Separated Widowed			
	Partner's name	# of Children		
Home Address	Street			
	City	Province	Postal Code	

Health Care	Family Doctor	Clinic
	Address	Phone

Reason for your visit	Reason you are coming for hypnosis?
	When did this problem start?
	Any previous attempts to address this issue? Y N Results:
	Are you currently having medical or psychological treatment for the above issue? Y N
	If so, where? Dr's name?
	How did you find our clinic? Referral Sign Internet Other

Hypnosis History	Has anyone ever tried to hypnotize you? Y N Reason:
	Do you believe that you were hypnotized? Y N Why?
	Generally how did it go for you?
List your medication/ supplements	

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Health Conditions		Heart disease		High blood Pressure		Cancer
		Headache		Bowel problems		Stress
		Neck Pain		Epilepsy		
		Shoulder pain		Arm/hand pain		Brain injury
		Migraines		OCD		ADD
		Asthma		Fatigue		Hypoglycemia
		Fainting Spells		Depression		Arthritis
		Spine/back problems		Weight problems		TMJ
		Are you pregnant?				
	Other:					
Behaviours		Nervousness		Inability to relax		sleeplessness
		Depressed		Compulsive tendencies		Nail biting
		nightmares		Childhood trauma		Fear of heights
		Poor self esteem		Compulsive overeating		Eating disorder
		Inability to focus		Poor memory		Marital problems
		Recent divorce		Teeth grinding		Lack of energy
		Death of loved one		Death of a pet		Lack of success
	Other:					

Social History		Cigarette packs per day		Soda/pop per day		Alcohol per week
		Meals per day		Hours of exercise per day		
		Shopping per week		Hours of sleep per night		

Benefits	List at least 3 benefits that you would receive by making the changes that you have come here to work on.
	1.
	2.
	3.
	4.
	5.
	6.
	7.

Check as many of the following as it applies to you, and fill in the blank spaces.	
	I often feel that I should be punished for something I once did.
	I know of a past experience or relationship that could be causing this problem.
	I am aware of an internal conflict that may be causing part (or all) of my problem.
	If I get better, I stand to lose: friend(s) Mother Father Family members
	If I wasn't so much like , I'd be much happier.