

***Client History Form***  
**Please, fill out what applies to you.**

Name		Date
Address		
City	Prov.	Postal code
Age	Marital status M S D CL others specify	No. of children Boys ___ Girls ___
Day time phone		Evening / cell phone
Spouses name	E-mail address (will not be given to any outside source)	
Occupation		
The reason for coming for Hypnosis/ Guided imagery _____ _____		

**Medical History**

Any previous efforts to solve the <b>above</b> problem? _____ _____
Are you <b>presently</b> undergoing medical or psychological treatment for the <b>above</b> problem? Yes No  How long have you been receiving treatment _____  Physicians Name _____
Are you currently on <b>any</b> medication for above problem or any other problem? Yes No  Specify medication _____ _____  Affects for the medication _____ _____
Please indicate where you found the information for my services

**Please remove contact lenses before the session. They may inhibit your ability to completely relax. Please use the bathroom before the session as that may also inhibit relaxation.**

**Please read the statement and if you agree please sign the bottom signature section.**

**I hereby authorize, *Wally Muller*, to hypnotize or use guided imagery with me for the purposes outlined in (*reasons for coming for hypnosis/guided imagery*) and for any future purposes I request.**

**I understand** that the results of my hypnosis/guided imagery depend greatly on my own ability to relax and the desire to create change.

**I understand** that the result(s) achieved from my session(s) depends greatly on my serious participation.

**I understand** that hypnosis/guided imagery is not a medical or psychological procedure.

**I am aware and trust that *Wally Muller* will do everything reasonable in his power to ensure my success.**

**I understand** that the hypnosis/guided imagery sessions will be ***audio taped*** for any follow up session's and continuity and all sessions are **completely confidential**.

***Wally Muller* does not offer any guaranties as to the success of my sessions(s).**

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

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**Wally to fill out if applicable.**

Natural/step parents living D M Parents Still married, divorced, remarried,

Your age at time of parent's death M F Your age at time of parents divorce \_\_\_\_\_

Siblings living \_\_\_\_\_ Gender(s) B G Deceased \_\_\_\_\_

Children's ages. Boys \_\_\_\_\_ Girls \_\_\_\_\_

Number of time you married \_\_\_\_\_ Time between marriages \_\_\_\_\_

Terminated pregnancies \_\_\_\_\_ Reason \_\_\_\_\_

Notes \_\_\_\_\_

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