



Client Profile

Date: _____

Name: _____ Current Age: _____

Address: _____

City: _____ State _____ Zip: _____ DOB: _____

Phone: _____ Email: _____

Occupation: _____

Emergency Contact Information:

Name: _____ Phone: _____

Relation to Client: _____

Are you currently under medical treatment? ☐ Yes ☐ No

Are you currently under the care of a mental health professional? ☐ Yes ☐ No

If yes, please explain:

Type of session you are interested in:

☐ Transpersonal Hypnosis (Standard Hypnosis) ☐ Quantum Hypnosis Session (QHHT/BQH)

☐ Past Life Regression ☐ Other _____

What is your intention and/or what would you like to achieve as a result in having this session?

Office Use Only:

How did you hear about us/ Referred by? _____