



Kemila Zsange HYPNOTHERAPY & COUNSELLING

Access Your Inner Wisdom

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APPLICATION, PERSONAL DATA RECORD

Client Assessment Form

Name: _____ Sex: F M Date of Birth: _____

Street: _____ City: _____ Postal Code: _____

Telephone: _____ Email: _____

Occupation: _____ Employed by: _____

Marital Status: _____ Religion: _____

Name and Phone Number of Close Friend or Relative to Contact in an Emergency:

Name	Relationship to you	Phone
How did you hear about our service? _____		
Have you ever been hypnotized before? Yes ___ No ___ If yes, by whom? _____		
If you were to close your eyes, could you visualize an image or scene described to you? Yes ___ No ___		
Presenting Issue: _____ _____ _____		

When and under what circumstances did this issue begin?

How has this affected your life?

Has it ever been different?

What specifically about your issue is leading you to seek help?

Do you associate any of these emotions with your issue?

Abandonment ___; Anger Anxiety___; Boredom___; Depression___; Embarrassment___; Fear___;
Frustration___; Grief ___; Loneliness___; Loss___; Sadness___; Shame___;
Others _____

Are you currently on any medication? ___ If yes, for what reason? _____

What is your 1 month goal regarding this issue(s)?

What is your 6 month goal regarding this issue(s)?

What is your 1 year goal regarding this issue(s)?

If there is anything else you think it's helpful for me to know, say it here:
