

Kemila Zsange HYPNOTHERAPY & COUNSELLING



Accessing Your Inner Wisdom

502 - 2077 Nelson St. • Vancouver, BC V6G 2Y2 • Tel: 604-687-4325 • kz@kemilahypnosis.com • www.kemilahypnosis.com

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:
