

Information entered into this form is not saved. Please print the completed form and bring to the first session.

Judith Velez Ph.D. LCSW

Hypnotherapy Services

Name

Date of Birth (mm/dd/yyyy)

Address

Occupation

State

Zip code

Social Security Number (xxx-xx-xxxx)

Cell #

Home Phone # (include area code)

Work Phone # (include area code)

Emergency Phone number

Please list the members of your household:

Name	Date of Birth	Occupation or School

Health Information (Please include any hospitalizations, medical problems; past and present):

Please list any prescription medications:

Please list any current or past drug use (please include any admissions to any drug treatment facilities):

What is your current alcohol consumption?

Have you ever been hypnotized? (If so, where, when and by whom)

Have you ever received psychotherapy services? (If so, where, when and by whom)

How can I help you? What has made you seek hypnotherapy services?

Confidentiality Policy

All discussions between client(s) and therapist remain confidential except in the event of possible harm to self or others.