

Client Intake Form

Please complete every section. All information is kept confidential and helps your Hypnotherapist tailor your sessions safely and effectively.

1. CLIENT INFORMATION

Full name		Preferred name	
Date of birth	Age	Occupation	
Street address			
City	State	ZIP	
Mobile phone	Email		
Emergency contact name	Relationship	Phone	
How did you hear about us?		Referred by (name)	

2. REASON FOR YOUR VISIT

What would you like help with? (check all that apply)

- | | | |
|---|---|---|
| ☐ Stress / anxiety | ☐ Smoking / vaping | ☐ Weight / eating habits |
| ☐ Sleep | ☐ Confidence / self-esteem | ☐ Motivation / procrastination |
| ☐ Fears / phobias | ☐ Emotional release / grief | ☐ Sports / performance |
| ☐ Pain management* | ☐ Habits (nail biting, etc.) | ☐ Energy healing / Reiki |
| ☐ EFT / tapping | ☐ Personal growth | ☐ Other |

*Pain management requires a written referral from your physician.

In your own words, what would you like to change, and what would success look like?

Have you experienced hypnosis or hypnotherapy before? ☐ Yes ☐ No

If yes, describe your experience

3. MEDICAL HISTORY

Are you currently under the care of a physician or other medical provider? ☐ Yes ☐ No

If yes, provider name and phone



Ore'Ha Hypnotherapy

Chephren Rasika, C.Ht. | Clinical Hypnotherapist | Reiki Master | EFT Practitioner
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Are you currently taking any medications (prescription or over-the-counter)?

☐ Yes ☐ No

If yes, list medications and what they are for

Do you have, or have you had, any of the following? (check all that apply)

- | | | |
|--|--|--|
| ☐ Epilepsy / seizures | ☐ Heart condition | ☐ High / low blood pressure |
| ☐ Diabetes | ☐ Asthma / breathing issues | ☐ Chronic pain |
| ☐ Migraines | ☐ Recent surgery or injury | ☐ Pregnancy |
| ☐ Hearing impairment | ☐ Sleep disorder | ☐ Other medical condition |

Please describe any condition checked above, or anything else your Hypnotherapist should know

4. MENTAL AND EMOTIONAL HEALTH

Are you currently receiving psychiatric or psychological care (psychiatrist, psychologist, therapist or counselor)?

☐ Yes ☐ No

If yes, provider name and phone

Are you currently taking any psychiatric medications?

☐ Yes ☐ No

If yes, list medications

Have you ever been diagnosed with or treated for any of the following? (check all that apply)

- | | | |
|---|--|--|
| ☐ Depression | ☐ Anxiety / panic disorder | ☐ PTSD / trauma |
| ☐ Bipolar disorder | ☐ Schizophrenia / psychosis | ☐ Dissociative disorder |
| ☐ Eating disorder | ☐ Personality disorder | ☐ Other |

Have you ever been hospitalized for a mental health condition?

☐ Yes ☐ No

If yes, when

Do you use alcohol, cannabis or other substances regularly?

☐ Yes ☐ No

If yes, what and how often

Are you currently having thoughts of harming yourself or someone else?

☐ Yes ☐ No

If you are in crisis, call or text 988 (Suicide & Crisis Lifeline) or call 911. Hypnotherapy is not a crisis or emergency service.

Some medical and psychiatric conditions require written approval or a referral from your physician or mental health provider before hypnotherapy can begin. Your Hypnotherapist will let you know if this applies to you.

5. DISCLOSURES, PRIVACY AND CONSENT

Practitioner disclosure (California Business & Professions Code §2053.6). Chephren Rasika, C.Ht., is not a physician and is not licensed by the State of California as a healing arts practitioner. The services provided are complementary and alternative services, including clinical hypnotherapy, Reiki and Emotional Freedom Technique (EFT). Mr. Rasika holds a Diploma in Clinical Hypnotherapy with High Honors from HMI College of Hypnotherapy, a nationally accredited institution, and is a Reiki Master with more than 16 years of energy healing experience.

Nature of services. Hypnotherapy is a natural, relaxed state of focused attention used to support positive change. It is not a substitute for medical, psychiatric or psychological diagnosis or treatment. Do not stop or change any medication or treatment without consulting your physician. Results vary from person to person and are not guaranteed.



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Confidentiality and privacy. Your records and everything you share in session are kept private and secure, in keeping with the privacy principles of HIPAA, and are never shared without your written permission. The legal exceptions are: when there is a risk of serious harm to yourself or others; suspected abuse or neglect of a child, elder or dependent adult; or when disclosure is required by court order or law.

Online sessions. If you choose online sessions, you agree to be in a private, safe location where you will not be driving or operating machinery, and to provide your location at the start of each session in case of emergency.

Cancellation policy. Please give at least 24 hours' notice to cancel or reschedule, so that time can be offered to another client. Cancellations with less than 24 hours' notice, and missed appointments, are subject to a \$100 fee.

Recording. Sessions may be audio-recorded for your personal reinforcement use only, and only with your permission.

☐ I consent to my session being audio-recorded for my personal use

By signing below, I confirm that the information I have provided is true and complete to the best of my knowledge; that I have read and understand the disclosures above; that I will inform my Hypnotherapist of any changes to my health or medications; and that I voluntarily consent to receive hypnotherapy, Reiki and/or EFT services.

Client signature

Printed name

Date

Parent / guardian signature (if client is under 18)

Printed name

Date

Hypnotherapist signature

Printed name

Date

