

REIKI-HYPNOTHERAPY FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____

(alternate) _____

Emergency Contact _____ Relation _____

(work) _____ (alternate) _____

Reason(s) for seeking treatment today _____

Are you presently seeing ANY healthcare practitioner? YES _____ NO _____

If YES, please state the type of practitioner(s):

Are you presently taking ANY medication? YES _____ NO _____

If YES, please state all medications and their specific doses and uses:

Have you ever been hypnotized before? YES _____ NO _____

If YES, please state the purpose of the hypnosis and who performed it:

Was it successful? YES _____ NO _____

Do you: Meditate? YES _____ NO _____

Perform yoga? YES _____ NO _____

Exercise? YES _____ NO _____

I have read and completed this form honestly and to the best of my ability.

(signature)

(date)