

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)