

## CLIENT INFORMATION

Your Name	Age	Home Phone	Cell Phone	Work Phone
Spouse/Partner's Name	Age	Home Phone	Cell Phone	Work Phone
Address	City		State	Zip

**Please check (✓) phone numbers where we can leave a message.**

*Sometimes we like to follow up with clients, either by letter or by phone, a few months after our work together has stopped. If we were to send you a letter, the envelope would say "Context Consultants" on the outside, along with the return address. If you would be comfortable with our writing or calling you, please initial here: \_\_\_\_\_*

**Please list those living in your home other than yourself and your spouse/partner:**

Name	Relationship to you	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please briefly state why you are here:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who referred you? \_\_\_\_\_ May we thank him/her?  Yes  No

Have you had any previous therapy?  Yes  No      Previous hypnotherapy?  Yes  No

If yes, with whom? \_\_\_\_\_ Approximate dates: \_\_\_\_\_

Have you ever considered or attempted suicide?  Yes  No      If yes, when? \_\_\_\_\_

Have you ever been hospitalized?  Yes  No      If yes, when and why? \_\_\_\_\_

Are you currently taking any medications?  Yes  No      \_\_\_\_\_

If yes, please list: \_\_\_\_\_

For what reason(s)? \_\_\_\_\_

Prescribed by whom? \_\_\_\_\_ Phone: \_\_\_\_\_