

Debra Taubenslag, B.A., D.C.H

Client Intake Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date: _____ Birth Date: _____ Age: _____

Best Phone: _____ 2nd Phone: _____

Email: _____

Emergency Contact: _____

Emergency Phone: _____

Occupation: _____ Employer: _____

Marital Status: _____ Spouse's Name: _____

Children: (How many & ages) Male: _____ Female: _____

Pets: _____ Name: _____

Hobbies/Interests: _____

Is this your 1st time being hypnotized? Y N If no, What was your experience like?

Read the following metaphor and circle what best applies:

Imagine you are walking in a forest...it's a beautiful day. Maybe you can see the color on the leaves as you walk, or the interesting shapes of the trunks and branches. Maybe you can feel the warmth of the sun on your face, or feel the crunch of the forest floor. Perhaps you can hear the birds chirping or a babbling brook. Maybe you just know that you are in the forest, and it's all good.

Please check all that apply and circle your strongest sense:

I saw the leaves on the trees and their branches.

I felt the warmth of the sun and/or the forest floor as I walked.

I heard birds and/or a babbling brook.

I didn't see, hear or feel, I just knew I was in the forest.

Please check which best describes you:

I like to see a map for directions

I learn best by reading

I like to observe people

I like to be told directions rather than read the directions

I like to listen to the radio or music

I remember what I have been told

I learn best by just doing it

I like and feel texture easily

I am emotionally sensitive and feel things deeply, mine and others

I make decisions easily because I just know what I know

Sometimes I don't know how I know, I just know that I know

I have very strong gut feelings and hunches

Please check which best describes you most:

I am mostly creative

I am mostly analytical

I am mostly social

I am mostly a logical/evidence person

I am mostly a spiritual person

What is your presenting issue(s) for seeking my service today?

When and under what circumstance did this issue begin?

How has this affected your life and what specifically about your issue is leading you to seek help?

What other kinds of therapies have you tried? Please explain:

What emotions do you associate with your issue?

What is your desired outcome?

Medical History:

Have you ever been diagnosed with a mental illness? If yes, Please explain:

Have you been under regular medical or psychological treatment in the past 2 years?
If yes, please explain:

Have you ever been treated for an emotional/behavioral problem? If yes, please explain:

Have you had or do you now suffer from any prolonged illness? If yes, please explain:

List all medications you are taking:

Please provide the name & contact information of your current doctor and/or therapist:

By signing below, I give Debra Taubenslag permission to contact my doctor and/or therapist.

Client signature _____ Date _____

Guardian signature (if client is minor) _____

Date _____

Terms & Conditions:

I have been advised by Debra Taubenslag, the scope of my services, and I give my full consent to receiving such services by Debra Taubenslag, today and in any future sessions.

I understand that results vary and that Debra Taubenslag may not guarantee results.

I understand that Hypnosis, Vibrational Healing, or Intuitive Coaching is not a replacement for medical treatment, psychological or psychiatric services or counseling. I also understand that Debra Taubenslag does not treat, prescribe for or diagnose any condition.

I understand that Debra Taubenslag is a facilitator of Hypnosis, Vibrational Healing, or Intuitive Coaching and is not practicing any other profession that requires a license under the laws of the State of NJ.

I understand that in some cases it may be necessary for Debra Taubenslag to respectfully touch my shoulders, hands, wrists, arms, legs, sternum, face or forehead in order to assist me in relaxation. I give Debra Taubenslag permission and consent to do so in order to help me establish a beneficial state of hypnosis or relaxation.

I have accurately provided background information as requested by Debra Taubenslag.

I understand that confidentiality regarding my sessions will be honored between Debra Taubenslag and me except in the following circumstances:

You grant me permission to release information to a specific individual or agency

You are in imminent danger to self or others

Subpoena of records

I understand that, depending on the state of my mental health, further psychiatric treatment may be needed and will be suggested to me and documented by Debra Taubenslag if she determines my situation to be outside the scope of her services; hypnosis, vibrational healing, intuitive coaching.

I agree to pay Debra Taubenslag, for all services rendered on or before each session unless other arrangements have been made in writing. I understand that all prepaid session must be used within 180 days of today's date.

I understand that it is Debra Taubenslag's policy to charge for cancellations received less than 24-hour notice unless we are able to reschedule the appointment within the same week.

I agree to all the terms listed above:

Client's signature _____ Date _____