



Child's Hypnosis Information Form



Reason for Hypnosis _____ Start Date: ___/___/20___

Child's Name **DOB** .../.../..... **Age**..... **Yrs**
Address.....
City..... **State** **P/Code**.....
Home Phone **Work**
Mob **Email**

Your Family

Parent/Guardian's Name
Number of children in the family..... **Where do you come? (i.e. oldest)**.....
Other brother's/sister's name and age

Are mum and dad still together?
If not, when did they separate or divorce?
Do you spend much time with mum and dad?
How do you get on with Mum.....
How do you get on with Dad.....
Are there step parents or step and/or half brother's/sisters.....

If so, how do you get on with them.....

Family environment.....

Do you have any pets?

School and Friends

What class are you in? **School**
What is your teacher's name?
How many friends do you have?
What are their names?

Who is your best friend?

Do you have any problems at school?

Hobbies and Interests

What do you do for fun?
What is your favourite game?
Favourite Toys.....
Favourite TV shows.....
Favourite colours

What would you like us to help you with today?

.....

When did this problem begin?

What happened?

.....

What happens now?

.....

How does that make you feel?

.....

Six problems because of this issue?

- 1. 2
- 3. 4.
- 5. 6

How will things improve be once you get over this problem?

- 1. 2
- 3. 4.
- 5. 6

What else do you think you could you do to deal with this?

.....
.....

MEDICAL HISTORY

(to be completed by Parent/Guardian if child is under 18)

Has the child ever been treated or for any psychological or emotional issues?

Details.....
.....

How is the child’s health in general?

Details.....
.....

Has the child had any prolonged illness?

Details.....
.....

Is the child currently taking any medications?

Does a parent have any emotional/psychological or health issues?

Details

Dr.’s / Counsellor’s name and contact details

If you were referred by your Doctor or Counsellor, do I have your permission to contact them if necessary?Would you like us to keep your child’s doctor informed of our progress?.....

Appointments for Children

*Most people find that they will need from **1 to 4 sessions** to make a permanent change for each issue, although this may vary according to the individual circumstances and requirements. Each session generally takes **1 to 1 ½ hours**, but may take longer if we have a lot of work to cover.*

Please arrive on time. Although we endeavour to be punctual, sometimes sessions may run a little late due to the personal and sometimes emotional nature of the work, so please be patient and understanding if this is the case.

Any **appointment changes** need to be made **two business days** in advance. Appointments broken or cancelled without notice **may be charged** for the session.

*****Any appointment changes or cancellations need to be made two business days in advance in order for us to fill your vacancy.**

*****Appointments broken or cancelled without notice will be charged for.**

I agree to allow my Hypnotherapist to hypnotise me/my child, and will do my very best to follow **ALL** instructions so I can benefit from the use of this very effective therapy.

.....
Client Signature

.....
*Parent/Guardian Signature (if under 18 years old)