

# Heritage Hypnotherapy Center

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819 Summit Street  
Coraopolis · PA · 15108  
412-264-4848  
michaelrweir@comcast.net

Name

Session Date:

Address

City · State · ZIP

Date of Birth:

Home Phone:

Work Phone:

Cell Phone:

Other Phone:

eMail Address:

Best phone number to reach you at for session follow-up:  Home  Work  Cell  Other

Have you made any previous attempts to address this issue?  Yes  No

If yes, please give a brief description of your experience:

## Medical History

Are you currently undergoing medical or psychological treatment for the above issue?  Yes  No

If yes, where?

Dr.'s name?

Your opinion on how effective your treatment was:

Have you been under a doctor's care in the past year?  Yes  No

If yes, please give reason:

Dr.'s name?

Have you ever been treated for emotional problems?  Yes  No

If yes, are you currently receiving treatment or counseling?  Yes  No

By whom?

Have you ever been treated for:  Heart Issues  Diabetes  Epilepsy  Pain  Depression  Migraines

Are you currently taking any medications?  Yes  No

If yes, please list your medications below:

| Medication | Purpose | Dosage |
|------------|---------|--------|
|            |         |        |
|            |         |        |
|            |         |        |
|            |         |        |

Have you had any prolonged illness?  Yes  No

If yes, please explain:

Do you have any questions about hypnosis?  Yes  No

If yes, please express:

Please list any issues that you would like to focus on:

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
\*Parent/Guardian Signature  
(Signature is required if client is under 18 years old)

*Please fill out this form and bring it to your first appointment. Any appointment changes must be made in advance of two office working days. Appointments missed or canceled without two working days notice will be charged for the session. Thank you.*

# Benefits Form

*Thank you for choosing Heritage Hypnotherapy Center. Please fill out this form.  
The information will be helpful during your session.*

List up to seven benefits you expect to gain from making the changes that you would like:

1.

2.

3.

4.

5.

6.

7.

*Check as many of the following as it applies to you, and fill in the blank space if appropriate.*

- I often feel that I should be punished for something I once did.
- I know of a past experience or relationship that could be causing this problem.
- I am aware of an internal conflict that may be causing part (or all) of my problem.
- If I get better, I stand to lose
- If I wasn't so much like

I'd be much happier.

*Heritage Hypnotherapy Center is the Personal Change Place.  
Tell your friends.*