

Client Assessment – to be filled out prior to session.

Email completed form to openheartsessions@gmail.com

What is your presenting issue(s) for which you are seeking support?

When and under what circumstances do you think this issue began?

What specifically about your issue is leading you to seek help?

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

What life-style or attitude changes have been at least partially successful (if any?)

What other issues, either linked or not linked to the presenting issue do you need help with?

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 year? If yes, please explain:

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

Have you ever had or do you have any prolonged illness: If yes, please explain:

List of all the current medications you are taking:

Please provide the name(s) and contact information of your current doctor(s) and/or therapist(s):

Have you had or are you suffering from:

High blood pressure _____ Ulcers _____ Asthma _____ Stress _____ Epilepsy _____
Anxiety _____ Migraines _____ Diabetes _____ Heart condition _____ Cancer _____ TMJ _____
Overweight _____ HIV-AIDS _____ Depression _____ OCD _____ Hypoglycemia _____ Fainting
spells _____ Food allergies _____ Fatigue _____ Arthritis _____ Spine/back problems _____
Other _____

Are you pregnant? Y _____ N _____

Drink alcohol? N _____ Occasionally _____ Moderately _____ Daily _____
Do you smoke cigarettes: _____ cigars? _____ pipe? _____ chew? _____ marijuana? _____
How much per day?

How many hours of sleep do you get per day on average? _____

I, the undersigned, understand all questions and verify that all information is complete and accurate to the best of my knowledge. I also understand that these embodies self-inquiry & hypnotherapy sessions are not a substitute for medical or psychiatric treatment. I understand these methods to be a learning process, whereby the individual is taught to use their own awareness and perspective for their benefit and well being. With this understanding, I hereby grant Margot Gedert to hypnotize me or the minor child whose name appears at the top of this form.

By signing this document, I am confirming that all information is true to the best of my knowledge, and I agree to all the terms listed above:

Client's signature _____ Date: _____

Guardian's signature (if client is a minor) _____ Date: _____