

Fees:
Fees initial \$ _____, fol low-up \$ _____; Freq./sess. _____; Term. _____ / _____ / _____
Comments: _____

(Please fill in legibly)

CONFIDENTIAL CLIENT INFORMATION



Name _____ Nickname _____ Today's date _____ / _____ / _____

COMPLETE home address _____

Phones: res. (_____) _____ bus. (_____) _____ ext. _____ Cell (_____) _____

Fax (_____) _____ E-mail address _____ Web site _____

Special instructions for mail or phone calls (if any) _____

Occupation: title _____ work days _____ work hours _____

Job description _____ how long? _____ soc. sec. no. _____

Employer's name _____ location _____

Driver's license no./state _____ Vehicle yr./make/model _____

Name/phone no./relationship of person to contact in an emergency _____

When are you available for appointments? _____

Female Male Birth date _____ / _____ / _____ Birthplace _____ Present age _____

Where did you grow up? _____ How long have you lived in your present area? _____

Primary cultural/ethnic background _____ Brief family history (e.g., birth order, parents' occupation(s) during your childhood, and now, your age when parents separated, divorced, remarried, died/how, etc.; note family addictions; emotional/physical/sexual abuse you experienced, etc.) _____

Sexual orientation (e.g., heterosexual, bisexual, homosexual, other, etc.) _____ (resp onse optional)

Relationship status: Married/how long? _____ Separated/how long? _____ Divorced/how long? _____ Widowed/how long? _____

Living together/how long? _____ Single/never married Please describe other marital status details including history of long-term relationships (e.g., your age when it began, length of relationship, why it ended) _____

Primary partner's name _____ age _____ occupation _____

Children's names, sexes, and ages _____

Do you live with anyone? Relationship(s)? _____

Educational level: highest degree earned/major, or highest grade completed _____

Other education/license(s)/credential(s), etc. _____

Present interests, hobbies, and activities _____

Companion pet(s) in your home that give you pleasure:name/gender/breed _____

Briefly describe your religious and/or philosophical (including reincarnation) beliefs, as a child, and as an adult _____

Please turn the page over and complete the other side



JUDIE KEYS, C.C.H. Hypnotherapist • Energy Healer • Life and Business Coach

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Email: judiekeysch@HealingMagicInternational.com

Website: HealingMagicInternational.com

BRIEF HEALTH HISTORY

Physician's name/location _____ Phone (_____) _____

May I communicate with your physician to let him or her know you contacted me (Judie Keys, C.C.H.) Yes No

Specify any ongoing physical problems such as headaches, allergies, neck/backaches, PMS, also recent injuries, surgeries, or illnesses, and any treatment, including current medications, you are now receiving _____

Have you received any alternative health care (e.g., chiropractic, acupuncture, homeopathy, nutritional, bodywork)? Past Present

Describe _____

What is your height? _____ Your weight? _____ When was your last medical checkup? _____ / _____ / _____

Reason/results _____

Do you follow good nutritional eating habits? Yes No Not sure Comments _____

Do you take vitamins and/or nutritional supplements regularly? If yes, which ones? _____

Do you exercise regularly? Describe _____

Do you drink caffeine? If yes, what? How much? How often? _____

Do you drink alcohol? If yes, what mostly? How much? How often? _____

Do you smoke? If yes, what? How much? How often? _____

Do you use any recreational street drugs, or other illegal substances? If yes, which ones? How much and how often? _____

COUNSELING/THERAPY INFORMATION

Have you EVER BEEN hospitalized for psychiatric/psychological reasons at any time? When? _____

Briefly describe the circumstances _____

Have you EVER, or are you NOW considering suicide? Past Present When? _____

Why? Describe _____

Have you EVER BEEN, and/or are you CURRENTLY in counseling/therapy? Past Present When? _____

With whom? _____ Where? _____ How long? _____

Presenting issue(s)/results/describe _____

Have you had any experience with hypnosis/hypnotherapy, Neuro Linguistic Programming (NLP), meditation, guided imagery, or other altered states of consciousness work? _____

Identify any present concern(s) such as depression, anxiety or panic attacks, phobias, obsessions-compulsions, anger, sleeping difficulties, eating disorders, conflicts, other(s) _____

Please list any fears you may have _____

Please describe in your own words why you are seeking coaching/counseling at this time _____

Part of your fee for services may be deferred based on limited income. If you are applying for this option, please provide the following information:

TOTAL monthly gross household wages (before taxes), and/or other income \$ _____. If you put "0" in the total, how are you supporting yourself? _____

HOW DID YOU LEARN ABOUT ME (JUDIE KEYS, C.C.H.)? Please describe _____

If referred by an individual, would it be okay for me to let him or her know that you contacted me? Yes No

Referrer's name _____ Phone (_____) _____

Complete address _____