

Marian Wolfe Dixon, MA, LMT (OBMT #3902)  
6901 SE 65<sup>th</sup> Avenue, Portland, OR. 97206)  
phone 503-232-7282

### Hypnotherapy History Questionnaire

Please complete this brief questionnaire so that I may better understand your history regarding hypnotherapy or hypnosis. This will enable our work together to be more effective.

**All information is kept in strict confidence.**

Name \_\_\_\_\_ Date \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Referred by (if applicable) \_\_\_\_\_

- Y N Have you had a professional hypnotherapy session before?  
Y N Are you taking any drugs or medications? (If yes, explain here.)  
Y N Are you under the care of a health care practitioner? (If yes, explain here)

Practitioner Name \_\_\_\_\_ Phone \_\_\_\_\_

What is the main issue that you would like to focus on for this session?

**Please check if you are experiencing any of the following:**

- |                                   |  |
|-----------------------------------|--|
| _____ anxiety                     | _____ chronic illness                          |
| _____ depression                  | _____ history of abuse                         |
| _____ trouble sleeping            | _____ recent illness/injury                    |
| _____ depression                  | _____ diagnosed mental/emotional disorders     |
| _____ chronic pain (where?) _____ | _____ lack of feeling in any part of your body |
| _____ headaches                   | _____ recent illness/injury                    |
| _____ migraines                   | _____ other (Please explain) _____             |

*The purpose of hypnotherapy is to maintain good health and promote personal growth. I understand that hypnotherapists do not diagnose or treat disease and that hypnotherapy should not take the place of licensed professional mental health care. Either the therapist or the client may terminate the session should either be experiencing discomfort during the session. Discomfort may include (but is not limited to) physical pain, sexually suggestive behavior or personal remarks or requests. Payment is due at the time of the appointment and the no show policy is 24 hours notice to avoid payment for any missed session. My initials signify that I understand and agree to abide by these policies and procedures.*

\_\_\_\_\_ Initial here