



TranceForm For Good Hypnotherapy

Regina Rehab & Family Medical Clinic
5950 Rochdale Boulevard, Regina, Saskatchewan S4X 4J7

CONFIDENTIAL Intake Form

Your success is our #1 priority. Help us to help you attain that success by filling out this questionnaire as completely as possible.

Date: _____

Name: _____ Date of Birth (MM/DD/YYYY): _____

Address: _____ City: _____

Postal Code: _____ Email Address: _____

Home Phone: _____ Bus Phone: _____ Cell: _____

Marital Status: Single Married Committed Relationship

Occupation: _____ Hobbies: _____

How did you hear about this program, and whom can we thank?

Regina Rehab Newsletter Friend _____

Regina Rehab Clinician _____ Doctor _____

Former Client _____ Other _____

Do you enjoy your work: Yes No

Do you feel stress? (Explain) _____

Do you have light sensitive epilepsy? Yes No

What do you expect from hypnosis? _____

Have you ever been hypnotized before? Yes No Results: _____

Why did you choose us for hypnosis? _____

Did you know hypnosis is 100% safe? ____

Circle the most important element in deciding to use our services (circle one):

- Effectiveness (your results)
- Time (how fast you get results)
- Service (how we respond to your needs)
- Affordable (what we charge)