

# Tulsa Hypnosis Clinic

*A Center for Health, Wellness and Happiness*

Intake  
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## Clinical Interview Intake Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_

FIRST

MIDDLE

LAST

Address: \_\_\_\_\_  
\_\_\_\_\_

Preferred Contact Telephone# (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F

### What do you want to accomplish with hypnosis today:

- \_\_\_ Stress Management
- \_\_\_ Quit Smoking
- \_\_\_ Weight Loss
- \_\_\_ Overcome Fears - Specify: \_\_\_\_\_
- \_\_\_ Test Taking
- \_\_\_ Medical Condition - Specify: \_\_\_\_\_
- \_\_\_ Pain Management
- \_\_\_ Sexual Difficulties
- \_\_\_ Other - Specify: \_\_\_\_\_

### What is your prior experience with hypnosis:

- \_\_\_ None
- \_\_\_ Have been hypnotized at a stage show
- \_\_\_ Have been hypnotized one on one
- \_\_\_ Have listened to hypnosis tapes or CD's
- \_\_\_ Have read books on hypnosis
- \_\_\_ Have friends/family who have been hypnotized

### What are your beliefs about hypnosis?

- \_\_\_ I think it can help me
- \_\_\_ I will try it and see what happens
- \_\_\_ I am a skeptic

### FOR OFFICE USE ONLY:

TCH CCH:

\_\_\_\_\_

Date: \_\_\_\_\_

Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are your three biggest personal strengths?**

- 1.)
- 2.)
- 3.)

**HEALTH: List all medical and mental health conditions for which you are currently being treated.**

1.) Diagnosis: \_\_\_\_\_

Treating physician: \_\_\_\_\_

Medications: \_\_\_\_\_

2.) Diagnosis: \_\_\_\_\_

Treating physician: \_\_\_\_\_

Medications: \_\_\_\_\_

3.) Diagnosis: \_\_\_\_\_

Treating physician: \_\_\_\_\_

Medications: \_\_\_\_\_

4.) Diagnosis: \_\_\_\_\_

Treating physician: \_\_\_\_\_

Medications: \_\_\_\_\_

**List any other health concerns, fears, or issues:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List any other medications:** \_\_\_\_\_

\_\_\_\_\_

**How much do you currently weigh?** \_\_\_\_\_

**What is your target weight?** \_\_\_\_\_

**Do you drink alcohol?**

- \_\_\_ Never
- \_\_\_ Once a month
- \_\_\_ Once a week
- \_\_\_ A few times a week
- \_\_\_ Daily

**Do you smoke cigarettes?**

- \_\_\_ Never have
- \_\_\_ Former smoker - If so, When did you quit: \_\_\_\_\_
- \_\_\_ Yes, I am a light smoker - If so, How many cigarettes per day: \_\_\_\_\_
- \_\_\_ Yes, I am a heavy smoker - If so, How many cigarettes per day: \_\_\_\_\_

Your age when you started smoking? \_\_\_\_\_

**Do you use marijuana?**

\_\_\_ NO \_\_\_ YES - If so, How often: \_\_\_\_\_

**Do you \_\_\_\_\_ frequently \_\_\_\_\_ occasionally use other drugs?**

- Cocaine or other stimulants
- Extacy or club drugs
- Heroin or Methadone
- Unprescribed pain pills
- Prescription pain pills
- Prescription anti-anxiety medications (such as Valium or Xanax)
- Unprescribed anti-anxiety medications
- Other drugs - Specify: \_\_\_\_\_

**Do you have sleep difficulties?**

- Rarely
- I don't get enough sleep
- I have trouble falling asleep
- I have trouble staying asleep
- I sleep too much

**Eating Patterns:**

- I am on a special diet - Specify: \_\_\_\_\_
- I eat mostly healthy foods
- I don't eat regularly
- I overeat
- I do not eat enough
- I binge eat
- I purge myself when full
- I snack too often

**Exercise Patterns:**

- I work out frequently - Specify: \_\_\_\_\_
- I exercise occasionally - Specify: \_\_\_\_\_
- I do not get enough exercise
- I have a health condition that limits my ability to exercise - Specify: \_\_\_\_\_

**In my personal relationships, I am:**

- Unsatisfied
- Sometimes satisfied
- Mostly satisfied
- I am very happy with my relationships with others

**What do you do to handle tension and stress?** \_\_\_\_\_

\_\_\_\_\_

**What do you do for fun?** \_\_\_\_\_

\_\_\_\_\_

**What are your hobbies?** \_\_\_\_\_

\_\_\_\_\_

**What do you want to accomplish with hypnosis?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_