

Self-Empowerment Center

Confidential Client History Form

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

E-mail address _____ Date of birth _____ Age _____ Sex _____

Marital Status _____ No. of children _____ Occupation _____

Place of employment _____ Is it ok to call your home? Yes _____ No _____

How did you hear about SEC? _____

Have you ever been hypnotized before? _____ Had a life coach? _____

Reason for coming to SEC _____

Medical History

Are you currently undergoing medical or psychological treatment for the above issue? Yes _____ No _____

If yes, where _____ Drs. Name _____

Clinic name _____ Drs. Phone # _____

Have you been under a doctor's care in the past year? Yes _____ No _____

If so, give reason _____ Drs. Name _____

Have you ever been treated for emotional problems? Yes _____ No _____ If yes, are you currently receiving treatment or counseling? Yes _____ No _____ By whom? _____

List any medical conditions: _____

List any medications you are currently taking and the reason:

Sessions are SEC *may be* recorded and become part of your confidential record.

Any appointment changes need to be made two office working days in advance. Appointments broken or cancelled without the two days notice will be charged for the session. Thank you.

Client signature _____ **Date** _____

*If you wear contacts please remove them before your sessions. Also please use the restroom before each session.

PERSONAL INFORMATION

*The following questions will help me get to know you better.
If you feel uncomfortable answering any, feel free to leave them blank.*

Do you have any phobias or fears?

<i>Your parent's information:</i>	Mom	Dad
Names	_____	_____
Living or dead	_____	_____
Religious beliefs	_____	_____
Occupation	_____	_____
Two words to		
Describe each	_____	_____

Your religious/spiritual beliefs

Two words that describe your childhood years at home

Major problems with you or your family during your childhood up to high school
(ex. Deaths, severe illnesses, addictions, alcoholism, divorce, etc.)

Special requests for suggestions

List your favorite hobbies

Your favorite relaxing place

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Please state your main goal you expect to accomplish by the end of your process:

Please list seven benefits you expect to gain from making the change you would like to make?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

What I have done in the past to reach this goal:

What worked and what didn't:

Name _____ **Date:** _____