



SAKURA SUTTER L.E. C.Ht. 8226 196th AVE NE, Redmond, WA 98053 (206)730-7429

Name_____

Address_____

City/
State_____ Zip_____

Cell(_____)_____ Email_____

Date of Birth_____ Age_____ Male () Female ()

Single___ Married___ Divorced___ Partnered___ Widowed___ Engaged___

Names, Ages, and Relationship of anyone living with you:

Religious/spiritual preference_____ Referred by_____

Employer_____ Occupation_____

Are you under the care of a therapist? If so, who?_____

Please list any relevant medical conditions or history, and medications;

Indicate any issues you would like to address in this or future sessions:

<input type="checkbox"/> Health	<input type="checkbox"/> Blocks to Progress	<input type="checkbox"/> Weight Control	<input type="checkbox"/> Skin Issues
<input type="checkbox"/> Smoking	<input type="checkbox"/> Self-Esteem	<input type="checkbox"/> Alcohol/Drugs	<input type="checkbox"/> Stress/Anxiety/Depression
<input type="checkbox"/> Fears/Phobia	<input type="checkbox"/> Spiritual Growth	<input type="checkbox"/> Sports performance	<input type="checkbox"/> Grief/Sadness
<input type="checkbox"/> Self-Sabotage	<input type="checkbox"/> Anger	<input type="checkbox"/> Relationships	<input type="checkbox"/> Abuse
<input type="checkbox"/> Life Purpose	<input type="checkbox"/> Work Issues	<input type="checkbox"/> Sleep	<input type="checkbox"/> Pain

Other:_____

Please understand that all information is held in strict confidentiality to the full extent of the law. It is very important that the hypnosis client builds a strong sense of trust with the hypnotherapist. If there is anything further you would like to discuss with me before the session or any boundaries that you would like set to ensure your comfort and relaxation, please bring these issues to my attention.

In the event material is published, including case studies, Sakura Sutter has permission to use information from my session in such publication, providing the names and information are altered sufficiently to provide significant anonymity.

Please initial as appropriate:

I Agree_____ I Do Not Agree_____

Please be advised that payment, by cash, check or Credit Card, is expected at the time of service. Please give 24-hour notice of cancellation of appointment. For any appointment missed or canceled without 24-hour prior notification, there will be a one-hour charge to the client.

I understand that my counselor is not qualified to give legal, financial, or medical advice. I agree that I am solely responsible for any action that I take or refrain from taking in connection with the topics discussed during our session.

I have completed the Client Intake Form to the best of my ability and I have disclosed any mental or physical health problems that may be pertinent to the safe facilitation of a hypnosis session. I have also received and read the Notice to Counseling or Hypnotherapy Clients information and I understand the contents and implications.

SIGNATURE:_____ DATE:_____

PRINTED NAME:_____ DATE:_____