

Clinical Hypnosis of Southern Maine

222 Saint John St., Suite 137
Portland, ME 04102
(207) 874-9859

Note: All information will be kept strictly confidential except that which Clinical Hypnosis of Southern Maine is legally obliged to report, such as threat of injury to yourself or others. If you are in any way uncomfortable with any of these questions, feel free to skip them. Please be aware that the more you tell me about yourself the more I may be of assistance to you. I appreciate your trust.

Name _____ Date of birth _____ Gender _____

Address _____ City _____ State _____ Zip _____

Day phone _____ Evening phone _____ Cell _____

Are you being treated by a psychotherapist/psychiatrist? Yes_ No__

If yes, for what? _____

Please list any medications or supplements you take _____

Why are you seeking hypnotherapy? _____

Are you currently experiencing any of the following? (Please check ALL that apply.)

nervousness inability to relax sleeplessness depression sexual dysfunction
 compulsive tendencies nail biting teeth grinding nightmares poor health
 cigarette smoking alcohol abuse drug abuse compulsive overeating
 self-mutilation eating disorder codependency inability to focus attention
 poor memory relationship problems recent divorce childhood trauma
 war trauma current illness or death of loved one fear of heights lack of energy
 poor self-esteem abusive home situation ADD/ADHD abusive work situation
 lack of success other: _____

RELEASE STATEMENT: I hereby authorize Patti Rutka, CH, to hypnotize me for the purposes outlined in this intake form and for other purposes that I may request verbally. I understand that the success of my hypnosis session depends greatly on my own ability to relax, and the desire to create change in myself. I understand that because the results of my sessions depend greatly upon my own serious participation that Patti Rutka, CH, cannot offer any guarantee of the success of my treatment. I am aware, however, that Patti Rutka, CH, will do everything reasonably in her power to ensure my success. I accept that I may be billed if I cancel my session with less than 24 hours' notice.

Signature _____ Date _____

FAX Form To: 207.774.3510, or
Mail to: Patti Rutka
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