

GOLDEN BUDDHA HAVENING AND HYPNOTHERAPY

LYNN DEMERS

1 (778) 608-0719

Client Intake Form

Please complete and return to lynn@goldenbuddhahaveningandhypnotherapy.com 24 hours prior to your session. (SEND)

Today's Date:

Name:

Address:

City:

Province/State:

Postal Code/Zip:

Home Phone:

Skype Contact:

Date of Birth:

Emergency Contact, Name and Phone Number:

How did you hear about me?

Occupation:

Relationship Status:

Other members of household:

Below (X) any issues that you would like to work on.

Mark (XX) on most urgent.

Traumatic Memories

Stress or Anxiety

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Chronic Illness

Chronic Pain

Empty Nest

Menopause

Anxiety about Aging

Divorce or Break Up

Marriage or Relationship Problems

Loss of or lack of Joy

Lack of Purpose

Feeling Unfilled

Shame, Vulnerability

Workaholic

Procrastination

Weight Issues

Self Esteem

Depression

GriefChildren:

Business Performance

Confidence

Anger, Frustration, Resentment

Prosperity

Any issues not mentioned above? Please describe.

Have you seen a therapist, coach or other healer for any of the above issues, and if so when?

What have you tried that worked?

What hasn't worked?

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Do you have a history of:

- Epilepsy or Seizures
- Panic Attacks
- Asthma
- Severe Depression

Are you now or have you ever been suicidal?

If so, when?

Briefly why?

Do you or anyone in your family have a history of substance abuse?

Are you taking any medications that may affect you mentally or emotionally?

Do you have a medical or psychiatric condition that I should know about?

Any surgeries as a child?

Did you grow up with siblings?

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Where did you fit in the birth order?

Who would or might be, upset if you were completely healed?

How would your life be different if and when all of your issues are resolved?

If our work together was amazingly successful, what would change for you?

What are three positive goals that you would like to achieve?

How would you like to feel at the end of the session?

Any other notes or questions?

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