

**Gina Orlando, MA, CH**

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**CLIENT INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE #1: \_\_\_\_\_ PHONE #2: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Birth date (month/day/year): \_\_\_\_\_

How did you hear about our services? \_\_\_\_\_

Have you been hypnotized before? \_\_\_\_\_ By whom? \_\_\_\_\_

Was it a good experience? \_\_\_\_\_ Comments \_\_\_\_\_

What condition(s) are you seeking help with? \_\_\_\_\_  
\_\_\_\_\_

Is this a Physician Referral?: \_\_\_\_\_ (name) \_\_\_\_\_

On a scale of 0 to 10 (10 is highest, most intense), how would you rate the intensity of your distress concerning your condition? \_\_\_\_\_

My occupation is: \_\_\_\_\_

Do you enjoy your work? \_\_\_\_\_ # hrs. per wk \_\_\_\_\_

The stresses in my life are: \_\_\_\_\_  
\_\_\_\_\_

Do you have any fears such as of water, elevators, heights, etc.? \_\_\_\_\_  
other \_\_\_\_\_

My Learning Style: \_\_\_\_\_ Visual \_\_\_\_\_ Auditory \_\_\_\_\_ Kinesthetic (feeling, sensing)

We are body, mind and spirit. Please describe your spirituality, whatever it is:  
\_\_\_\_\_

Was your childhood mostly good, or not good? \_\_\_\_\_ (Hypnosis is not psychotherapy.)

Medical History: Diseases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had, or are you subject to, any seizure disorders?  
\_\_\_\_\_

Have you ever been diagnosed with a psychological disorder? \_\_\_\_\_  
If so, which one(s): \_\_\_\_\_

Allergies: \_\_\_\_\_

Surgeries: \_\_\_\_\_

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

Habits : Alcohol \_\_\_\_\_ Tobacco \_\_\_\_\_ Coffee/Tea \_\_\_\_\_  
Sugar \_\_\_\_\_ Aspartame \_\_\_\_\_ Drugs \_\_\_\_\_  
Other \_\_\_\_\_

Family Medical History:  
\_\_\_\_\_  
\_\_\_\_\_

Is there alcoholism in your family of origin: \_\_\_\_\_ (Hypnosis is not psychotherapy.)

Are you presently in good health? \_\_\_\_\_

Are you presently in any physical discomfort? \_\_\_\_\_

Comments: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Last visit: \_\_\_\_\_

*Optional voluntary, helpful information:*

Marital Status: \_\_\_\_\_ Name of Spouse/Partner: \_\_\_\_\_

Children: \_\_\_\_\_

Education: \_\_\_\_\_

How I feel about using hypnosis for this condition:  
\_\_\_\_\_

*Thank you.*

(rev June 20)