

Envision Hypnosis of Southern MD, LLC

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Medical History

Name: _____

Mobile Phone _____ Home Phone _____ Work Phone: _____

Address _____ City _____ State _____ Zip _____

Date of birth _____ Age _____ Sex _____ Marital Status _____ No. of Children: _____

E-mail address: _____ Occupation _____

How did you hear about EH? _____ If a referral, who referred you? _____

Has anyone ever tried to hypnotize you? Y N Reason _____

Do you believe that you were hypnotized? Y N Why? _____

Generally, how did it go? _____

What *Change* are you seeking? _____

What other methods have you tried to address this? _____

Were they successful? _____

What do you call your Higher Power? _____ Would you consider yourself a spiritual person? Y N Don't Know

Please **list all medications** you are currently taking (or have taken in the last 3 months) and **Why**:

Please **list the name and address of the doctors/therapists** you have seen in the last year and **Why**:

Have you ever been treated for? **Heart** Y N **Low BP** Y N **Diabetes** Y N **Epilepsy** Y N **Pain** Y N **Bi-Polar/Depression** Y N

Have you had any prolonged illness? Y N If "yes", what illness? _____

Do you give Envision Hypnosis permission to contact your doctors or therapists? Y N

Do you give Envision Hypnosis permission to leave personal and confidential messages via Email? Y N Cell Phone Y N

Client Signature: _____

Date: _____

Reviewed: _____ CH

Date: _____