

● 客户资料表

英文姓名: _____ 中文名 _____ 出生日期: _____

地址, _____ 城市, _____ 州, _____ 邮编: _____

电子邮件: _____ 电话 1: _____ 电话 2: _____

职业: _____ 婚姻状况: _____ 有孩子: **Y / N**; # _____

推荐人:(圈一)朋友、亲戚、同事、医生、治疗师、网站、其他 _____

预约理由: _____ 紧急联络人名字: _____ 电话: _____ Email: _____

目前使用药物: _____ 性别: _____ 體重: _____ 身高: _____

当前健康状况/问题: _____ 转诊医疗问题;自我控制;
体重管理;紧张/压力;睡眠改善;忧虑;外观;自信;乐观;目标设定;人际关系;吸引力;成功/成就;变得有说服力;职业;个人组织;促进健康;其他转诊的问题: _____

你身体有那些不舒服?请描述: _____

睡得好? 能 / 不; 胃口? 好/不; 便秘? 有/没; 累? 有/没; 心情好? 好/不; 痛? 有/没, 手脚冰冷? 是/不; 女性: 痛经?
有/无.请描述: _____

有那些担心, 烦恼, 无奈之问题: _____

请提供你的医生或治疗师的名字, _____ 电话 1 _____ 手机
2 _____ 地址, _____ 电邮

_____ 如果适当的话;我可以咨询你的医生或治疗师吗? **Yes / No**

你以前被催眠过吗? **Y / N**; (如果有,描述一下你的催眠经验): _____

描述你对催眠的预期结果: _____

描述一个你认为安静祥和的地方: _____ 最喜欢的颜色: _____

我了解要得到好的和持久的结果可能需要几个疗程, 我会被要求在疗程之间练习自我催眠, 和/或每 24 小时在家听催眠的录音。我知道我有责任通过经常运动, 并不断地使用内外热原, 来保持我的活力。同时, 我有责任积极配合和参与我的调理项目。Seth Sumari Hypnosis Inc.和陈俊贤催眠师及他的工作人员和商号对我的调理结果概不负责。我明白, 如果认为合适, 我的调理计划可以终止, 我可能会被转到其他地方接受适当的治疗。我已经阅读了客户权利法案, 我明白所有关于我的信息将被严格保密。

签名

日期

CLIENT INTAKE APPRAISAL

Name: _____ 中文名字: _____ Date of Birth: _____

Address, _____ City, _____ State, _____ Zip Code: _____

Email: _____ Phone 1: _____ Phone 2: _____

Occupation: _____ Marital Status: _____ Children: Y / N # _____

Referred By: (Circle one) Friend, Relative, Co-worker, Physician, Therapist, Website, Other: _____

Reason for Appointment: _____ Emergency contact: _____ phone: _____ Email: _____

Current Medications: _____ gender: _____ weight: _____ height: _____

Current Health Issues: _____ **Referred Medical issues;**

Self-Control; Weight Management; Situation Stress; Sleep Improvement; apprehensions; Appearance; Self-

Confidence; Optimism; Goal-Setting; Relationship; Attraction; Success/Achievement; Become Persuasive;

Occupation; Personal Organization; Facilitate Wellness; **Other Referred Issues:** _____

Are you in any physical discomfort? Yes/No. If Yes, Describe: _____

Sleep Well? Y / N; **Appetite?** Good/No; **Constipation?** Y/N; **Fatigue?** Y/N; **Happy?** Y/N; **Cold hand/Feet?** Y/N; **Pain?**

Y/N; **Lady: Menstrual colic?** Y/N. Describe: _____

_____ Any

worry, **Fears, or helpless issue:** _____

Please provide your Physician or Therapist name, _____ phone 1 _____

phone 2 _____ addresses, _____ email

_____ If Appropriate; may I consult with your Physician or Therapist? **Y / N**

Have you been Hypnotized before? Y / N (If yes, describe your experience): _____

Describe your expectations of Hypnosis: _____

Describe a peaceful place for you: _____ Favorite Color: _____

I understand that good and lasting results may require several sessions, and that I am required to practice self-hypnosis and/or listen to a reinforcement recording at home between sessions and/or in every 24 hours. I know I am responsible to keep my vital energy up by exercise frequently and apply inner and outer pyrogen constantly. Also, I am responsible for actively cooperating with, and participating in, my program. Seth Sumari Hypnosis Inc and Chunhsien Chen, the hypnotist shall not be held accountable for the results I attain. I understand that my program may be terminated if deemed appropriate and that I may be referred elsewhere for proper treatment. I have read the Client Bill of Rights, and I understand that all information about me will be kept strictly confidential.

Signature

Date