



# Health & Wellness Unlimited

A Division of QiSage Body Systems, LLC  
Complimentary Health Care Services

Please complete this form at Initial Session

(All information is **STRICTLY CONFIDENTIAL**)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Place of residence: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Married: \_\_\_\_\_

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

Employer: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

How did you hear about us? (Check all that apply)

Medical referral  Physician  Psychologist  Relative  Friend  Co-worker

Newspaper  Radio  Television  Phone Book  Other \_\_\_\_\_

## **HYPNOTIC HISTORY**

Have you ever been Hypnotized?  Yes  No  
(If so, describe when, where, why; by whom) \_\_\_\_\_

Have you ever walked in your sleep?  Yes  No

Have you ever talked in your sleep?  Yes  No

## **MEDICAL HISTORY**

Have you been under treatment (Physical or Psychological) in the past year?  Yes  No  
(If so, describe) \_\_\_\_\_

Name of Physician or Psychologist \_\_\_\_\_ Phone Number \_\_\_\_\_

Have you ever been treated for an emotional problem?  Yes  No  
(If so, are you currently receiving treatment or counseling?)  Yes  No

Have you had any prolonged illness?  Yes  No (If so, when?) \_\_\_\_\_

Have you ever been treated for (Check all that apply)  Diabetes  Epilepsy  Heart  
(If so, when?) \_\_\_\_\_

Nature of present problem? (Reason you wish hypnotherapy treatment) \_\_\_\_\_

Any previous efforts to solve the problem?  Yes  No  
(Results) \_\_\_\_\_

Are you currently undergoing medical or psychological treatment for the above problem?  Yes  No  
(Where) \_\_\_\_\_

Name of Physician or Psychologist \_\_\_\_\_ Phone Number \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

Patient acknowledges understanding this questionnaire and all information provided by the patient is complete and accurate to the best of their knowledge.