



**HYPNOSIS WORKS**  
www.hypnosisworks.nyc

### Meditation Training - Client Intake Form

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

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: Home (\_\_\_\_) \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ Work#: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Marital Status: S M D W

How did you hear about me?

If referred by someone, may I send him/her a thank you note?

Your primary reason or goal for today's session:

How will your life be different when you reach your goal?

Do you have difficulty with any of the following?

- Ability to sleep
- Quality of sleep
- Self-esteem
- Self-confidence
- Attitude/outlook on
- life Other \_\_\_\_\_

If stress plays a role in your problem: Is the source of stress known?

Do you think caffeine or other stimulants contribute to your situation?

Do you think alcohol or other drugs contribute to your situation?

Please complete the following as applicable:

Are you under the care of a physician now? \_\_\_\_\_ Dr. Name

Briefly please list any relevant and significant health or mental health problems current and past you feel important for me to know:

Are you currently under the care of a mental health professional? \_\_\_\_\_ Name: \_\_\_\_\_ Have you

been diagnosed with any of the following?  Seizure disorder  Obsessive-compulsive disorder  Depression

Schizophrenia  Bipolar or manic-depressive  Post-traumatic-stress syndrome  Diabetes

Details of any yes answers:

\_\_\_\_\_

Do you have any fears or phobias that interfere in your life? \_\_\_\_\_



*NOTE: the services I offer are not meant to be substitutes for psychological or professional counseling. Meditation is not talk therapy; if you have an ongoing mental or medical condition, please consult a professional licensed by the State of New York.*

I may make general references to a Higher power (God, Source, Absolute Reality, Universal Mind, Higher Self) during spiritual meditation and please confirm if that is that OK or do you have other preferences?

Do you have meditation practice experience? If so, please say how often and for what reasons?

**Participant Informed Consent and Waiver of Liability \***

I acknowledge that I am voluntarily participating in Meditation Training with Luis Melendez Jr t/a Hypnosis Works.

I acknowledge and understand that I am responsible for all aspects of my health and well-being. I further recognize and understand that the instructions and advice presented to me during the coaching are in no way intended as substitutes for medical and/or other professional counselling. If I have any health concerns that may interfere with my participation in the coaching, I understand that I should consult my healthcare provider before beginning the meditation exercises. If I experience pain or difficulty that is cause for concern during or after practicing the meditation exercises, I understand that I should stop immediately and consult my healthcare provider before continuing on with the meditation exercises.

I recognize, understand, and assume all risks associated with my voluntary participation in the meditation, including, but not limited to, those risks that may result in personal injury and death. In giving my informed consent to participate in the meditation training, I hereby release Hypnosis Works from any and all claims, now or in the future, that I may have as a result of my voluntary participation in the Meditation Training.

I agree that I have read and fully understand the above statements.

Name:

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Signature of Client

Date (mm/dd/yy):