



Medical history form

Personal data

Surname, name:

Address:

Date of birth:

Phone:

E-mail

Treatment goals

Reason for visit:

Main goal of therapy:

Secondary goals of therapy (if any):

How long has the issue to be treated existed?

How exactly does it manifest itself?

Are there factors that intensify or alleviate the problem (stress, relaxation, certain events)?

Do any people influence the treatment issue (partner, colleagues, boss, family)?



Health Situation:

Are there currently any other current health or emotional problems or special health situations (e.g., pregnancy)?

Are any medications currently being taken (please list all)? How are these tolerated?
Are side effects known?

Has psychotherapy ever been attended for any reason?
If yes, why and what were the results?

Has any other therapy already been recommended or carried out for the topic to be advised or carried out? What were the results?

Are similar problems known from the family? Do mental illnesses exist in the family or do other illnesses occur frequently in the family?

Are allergies or intolerances known?



Lifestyle habits

Do you smoke - if so, how many cigarettes per day?

Do you drink alcohol - if so, how often and how much?

Do you use drugs or have you used drugs in the past?

On a scale of 0-10 (0 being the minimum, 10 being the maximum) please rate your current general stress level and name the main causes of stress, if any.

0 1 2 3 4 5 6 7 8 9 10

Do you exercise regularly-if so, what kind of exercise and how often?

What are your typical bedtimes? Do you manage these well?

How do you eat (regularly / healthy / balanced)?

Do you get enough light / sun? (Possibly seasonal depression in the winter time or for office workers?)

Are you in a relationship? Are there any current crises or dissatisfactions in this or in the family area in general?



PRIYA WADHWA

PSYCHOTHERAPIE & HYPNOSE

Questions about hypnosis

Have you ever been hypnotized before? If so, what was it like, how did the colleague proceed?

Do you have knowledge in a therapy or coaching method or in a meditative (NLP, mental training, self-hypnosis, yoga, etc.) and therefore possibly also trance experience?

Are you already informed about the procedure of a hypnosis treatment and do you know what you should pay attention to? (see information sheet for new clients)

How do you imagine a hypnosis treatment according to your current knowledge?

Is there anything that the practitioner should pay special attention to (should he do something or should he avoid doing something at all costs)?



PRIYA WADHWA

PSYCHOTHERAPIE & HYPNOSE

Other comments and agreements:

I hereby certify that the above information is correct and I am aware that incorrect responses may affect the effect of the hypnosis treatment.

I understand that no cure is promised and no medical treatment is substituted.

Signature of the client

Signature of the practitioner