Debra Young, M.Ed., LCMHC, CCHt

704-771-6251 **debrayoungwellness.com** **imbt-nc.com**

Client Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work phone: _____ Home: _____ Cell: _____

If I am unable to be reached by phone, I authorize you to leave a voice message at the

following numbers: _____, _____, _____

Occupation: _____

Place of Employment: _____

Marital Status: _____ M _____ S _____ D _____ W

Date of birth: _____ Number of children _____

Referred by: _____

Name and phone number of who to contact in an emergency: _____

_____

What do you hope to accomplish with hypnotherapy? _____

_____

Describe the history of this problem. _____

_____

_____

Please list any accidents, traumas, illnesses, medical problems or major issues:

Please check any of the following that apply (this information is confidential):

_____ diabetes _____ eating disorders _____ seizures

_____ high blood pressure _____ emotional disorders _____ insomnia _____

anxiety attacks _____ heart disease _____ depression

Was there abuse in your childhood/history? If so, was it _____ physical

_____ emotional _____ verbal _____ sexual

Indicate your use and frequency of the following:

Tobacco _____

Caffeine _____

Alcohol _____

Recreational drugs _____

Exercise _____

Have you ever been treated for an emotional issue? (Explain) _____

_____

If so, are you currently receiving treatment? _____

Are you using any prescription medications? _____

_____

Cost of session(s): _____

I hereby accept responsibility for all charges related to the services rendered by Debra Young, LCMHC, and acknowledge necessity to give at least 24 hrs. notice in the event of appointment cancellation. **Cancellation made less than 24 hrs. will be charged for the missed session. I understand that packaged sessions expire in 3 months, unless otherwise agreed upon during initial session.**

I acknowledge that Debra Young and/or Integrative MindBody Therapy, is in no way attempting to give medical advice. Any medical questions should be discussed between client and her/his MD.

Signed: _____ Date: _____

Signed: Debra Young, LCMHC Date: _____