

VRishi Immersive Hypnotherapy

Jithendran Sellamuthu, C.MH. | AHA Cert 013165 | Member 007913 | Valid Dec 5, 2027
VRishi Hypno LLC | Redwood City, CA | 858-226-0619 | vrishihypno.com

Application for Hypnotherapy Services

First Name:

Last Name:

Date of Birth: _____

Are you over 18? Yes No

Address

City:

State:

Zip Code: _____

Home Phone:

Cell Phone:

Email:

Sexual Orientation?

Gender Identity?

Name and phone number of emergency contact:

How did you hear about my services?

Have you been hypnotized before? Yes No

If yes by whom?

List any prescribed medications you are taking:

Are you currently, or have you ever been under the care of a mental health therapist or counselor?

Are you being treated for any mental health conditions? Yes No

If yes please explain:

What is your presenting issue?

How do you think hypnotherapy can help you?

Is there anything else you would like me to know?

Client Signature

Date