

TampaBay Hypno-Therapy, LLC/Tamera L. Fontenot, LMHC, NCC, CCHT
Mailing address: P.O.Box 13943, St. Petersburg, FL 33733
727-543-7556/ tfontenotlmhc@gmail.com/www.TampaBayHypnoTherapy.com

This is a strictly confidential medical record. Re-disclosure or transfer is expressly governed by law.

Date: _____

Name: _____, Age _____

Address: _____ City/State _____ Zip _____

Phone: _____ Can messages be left at this number? _____

Email: _____

How would you prefer to receive appointment reminders?

Call _____ Email _____ Text _____

(please know that electronic communications have limited confidentiality)

How did you learn about us (who can we thank?) _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Tampa Bay Hypno-Therapy, LLC / Tamara L. Fontenot, LMHC, NCC, CCHt
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1) Have you ever participated in any counseling, psychological or psychiatric services before? _____.

2) Please list any current medications or treatments you are receiving, current health concerns: _____

3) Have you been/are you currently involved in any legal proceedings at this time (i.e. custody disputes, divorce, litigation with any party, etc.) _____

4) Do you, or do others, think you have a problem with drugs, alcohol or other substances? _____

5) Have you, or are you currently, experiencing thoughts of suicide or of harming other persons? _____

6) What seems to be the problem, why are you here today? _____

7) 6 months from now, how do you want things to be different? Be specific, how will YOU know that things have improved? _____

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8) Do you have sleep difficulties?

- Rarely
- I don't get enough sleep
- I have trouble falling asleep
- I have trouble staying asleep
- I sleep too much

9) Eating Patterns:

- I am on a special diet - Specify: _____
- I eat mostly healthy foods
- I don't eat regularly I overeat
- I purge myself when full I binge eat
- I do not eat enough I snack too often

10) Exercise Patterns:

- I work out frequently - Specify: _____
- I exercise occasionally - Specify: _____
- I do not get enough exercise
- I have a health condition that limits my ability to exercise - Specify _____

11) In my personal relationships, I am:

- Unsatisfied
- Sometimes satisfied
- Mostly satisfied
- Very satisfied

12) In my work, education or career, I am

- Unsatisfied
- Sometimes satisfied
- Mostly satisfied
- Very satisfied

12) How do you currently handle tension and stress? _____

13) What do you do for fun? _____

14) What are your hobbies/special interest? _____

15) List 5 personal strengths: _____

I have accurately provided the above background information as requested.

Signature

Date