



BLUE PHOENIX WELLNESS

Daniel Reinaldo Bernstein, L. Ac., CH

(212)-777-7191. 80 East 11th Street (suite 545)

INITIAL CONSULTATION QUESTIONNAIRE

Name: _____

Address: _____ City, St & Zip: _____

E-mail: _____ Cell Phone: _____

Date of Birth: _____ Marital status: _____ Children? _____ Job _____

Describe current health (if pertinent): _____

Current medications: (please list, if pertinent) _____

Have you had psychotherapy or counseling? (If yes, please provide reason for therapy and results obtained.) _____

Have you been hypnotized/had acupuncture before? (if yes, describe experience) _____

Purpose of Treatment (Describe your problem and/or goal):

How long have you had this condition/problem/goal?

What change would you like to see in six months?

If you thought you could make real progress using hypnosis and/or acupuncture, would you consider returning for treatment?

Do you feel ready to commit to investing in your own wellbeing?

All information about you will remain strictly confidential. Successful,

lasting results typically require several sessions. You may be asked to practice self-hypnosis or listen to recordings. You are responsible for actively cooperating with, and participating in, the success of your program.

Daniel Bernstein, CH, L. Ac. shall not be held accountable for the results you attain. You may be referred elsewhere for treatment, or have your hypnosis program terminated if Daniel Bernstein deems it appropriate.

Continuing to contact Daniel for assistance acknowledges you have read the above and additionally have answered as honestly and thoroughly as possible.

Agreed: _____ date _____