

ESTHER ISEMAN, Ph.D.
Marriage & Family Therapist/Clinical Hypnotherapist

Name _____

[Please write **NOT O.K.** next to **each** address/phone number/email to indicate that you **DO NOT** give your permission for Esther Iseman to contact you and/or leave a message at the address/phone number/email marked as **NOT O.K.**]

Address _____ City/State _____ Zip _____

Home Phone _____ Business Phone _____

Cell Phone _____ E-mail _____

Occupation _____ Date of Birth _____

Relationship Status: Single ___ Cohabiting ___ Engaged ___ Married ___
 Separated ___ Divorced ___ Widowed ___ How long? _____ months, years
(circle)

Dates & names of previous marriages/significant relationships:

Others living in your household: (children, parents, etc.):

NAME	AGE	RELATIONSHIP

What previous counseling, if any, have you had? Please list the name(s) of any other mental health professionals you are currently seeing.

Please list any significant physical medical conditions you have or have had.

Please list the medications and/or drugs, if any, you are taking.

Consent to Treat (please sign below**):

"No Secrets Policy": I understand that, if deemed beneficial for treatment per her clinical judgment, Esther Iseman may elect to share information told to her during the counseling session with other members of the treatment unit (e.g., spouse). However, it will be the responsibility of the each client in the treatment unit to tell Esther Iseman of any specific information that he/she desires to be kept confidential.

I am willing to be guided through relaxation, visual imagery, creative visualization, hypnosis, and stress reduction processes and techniques. I understand that the counseling I am receiving is not a substitute for medical care, and I have been advised to discuss this counseling with any doctor who is taking care of me now or in the future. Additionally, I should continue any present medical treatment and consult my regular medical doctor for treatment of any new or old illness.

**Signature _____ Date _____

In case of emergency, please notify _____

Relationship to client _____ Phone number(s) _____

Referred by: _____ Name I like to be called: _____