



Hypnotherapy Intake Form

The purpose of this questionnaire is to obtain a comprehensive picture of your background. The information in this questionnaire will assist me in maximizing your time and the quality of your session. This information will not be disclosed to anyone without your written permission and case records are strictly confidential. Only complete the questions necessary for your individual goals and if you do not care to answer, simply write N/A.

Name: _____

Date of birth: _____

Phone: _____

Email: _____

Marital Status: _____

By whom were you referred? _____

State in your own words the nature of your main problems and their duration:

Give a brief account of the history and development of your complaints (from onset to present):

On the scale below please estimate the severity of your problems:

Mildly Upsetting Moderately Severe Very Severe Extremely Severe Totally Incapacitating

With whom have you previously consulted about your present problem(s)?

Are you currently or have you in the past, been under the care of any mental health services? If so, please explain below:

Are you currently or have you in the past, been under the care of a physician for any medical conditions? If so, please explain below:

What prescriptions or medications are you currently taking, please list:

What sort of work have you done in the past?

Does your present work satisfy you? (If not, in what ways are you dissatisfied?)

Below are some examples of Character Traits. Please review them, and in the area provided write the ones that most apply to you. Feel free to use your own words in addition.

Values, Morals and Beliefs Character Traits:

<input type="checkbox"/> Honest	<input type="checkbox"/> Brave	<input type="checkbox"/> Compassionate	<input type="checkbox"/> Leader
<input type="checkbox"/> Courageous	<input type="checkbox"/> Unselfish	<input type="checkbox"/> Loyal	<input type="checkbox"/> Hard-working
<input type="checkbox"/> Independent	<input type="checkbox"/> Selfish	<input type="checkbox"/> Responsible	<input type="checkbox"/> Considerate
<input type="checkbox"/> Self-confident	<input type="checkbox"/> Humble	Other _____	Other _____
Other _____	Other _____	Other _____	Other _____

Physical and Emotional Character Traits:

<input type="checkbox"/> Poor	<input type="checkbox"/> Rich	<input type="checkbox"/> Strong	<input type="checkbox"/> Tall
<input type="checkbox"/> Dark	<input type="checkbox"/> Light	<input type="checkbox"/> Handsome	<input type="checkbox"/> Pretty
<input type="checkbox"/> Ugly	<input type="checkbox"/> Messy	<input type="checkbox"/> Gentle	<input type="checkbox"/> Wild
<input type="checkbox"/> Joyful	<input type="checkbox"/> Busy	<input type="checkbox"/> Patriotic	<input type="checkbox"/> Neat
<input type="checkbox"/> Popular	<input type="checkbox"/> Successful	<input type="checkbox"/> Short	<input type="checkbox"/> Prim
<input type="checkbox"/> Proper	<input type="checkbox"/> Dainty	<input type="checkbox"/> Able	<input type="checkbox"/> Fighter
<input type="checkbox"/> Tireless	<input type="checkbox"/> Plain	<input type="checkbox"/> Expert	<input type="checkbox"/> Imaginative
<input type="checkbox"/> Conceited	<input type="checkbox"/> Mischievous	Other _____	Other _____
Other _____	Other _____	Other _____	Other _____

Personality Character Traits:

<input type="checkbox"/> Demanding	<input type="checkbox"/> Thoughtful	<input type="checkbox"/> Keen	<input type="checkbox"/> Happy
<input type="checkbox"/> Disagreeable	<input type="checkbox"/> Simple	<input type="checkbox"/> Fancy	<input type="checkbox"/> Plain
<input type="checkbox"/> Excited	<input type="checkbox"/> Studious	<input type="checkbox"/> Inventive	<input type="checkbox"/> Creative
<input type="checkbox"/> Thrilling	<input type="checkbox"/> Intelligent	<input type="checkbox"/> Proud	<input type="checkbox"/> Fun-loving
<input type="checkbox"/> Daring	<input type="checkbox"/> Bright	<input type="checkbox"/> Serious	<input type="checkbox"/> Funny
<input type="checkbox"/> Humorous	<input type="checkbox"/> Sad	<input type="checkbox"/> Lazy	<input type="checkbox"/> Dreamer
<input type="checkbox"/> Helpful	<input type="checkbox"/> Simple-minded	<input type="checkbox"/> Friendly	<input type="checkbox"/> Adventurous
<input type="checkbox"/> Timid	<input type="checkbox"/> Shy	<input type="checkbox"/> Pitiful	<input type="checkbox"/> Cooperative
<input type="checkbox"/> Lovable	<input type="checkbox"/> Ambitious	<input type="checkbox"/> Quiet	<input type="checkbox"/> Curious
<input type="checkbox"/> Reserved	<input type="checkbox"/> Pleasing	<input type="checkbox"/> Bossy	<input type="checkbox"/> Witty
<input type="checkbox"/> Energetic	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Smart	<input type="checkbox"/> Impulsive
Other _____	Other _____	Other _____	Other _____

Present interest, hobbies and activities:

How is most of your free time occupied?

Abilities; strengths and weaknesses:

List five main fears, if applicable:

- 1

- 2

- 3

- 4

- 5

Select any of the following that apply to you:

<input type="checkbox"/> Headaches	<input type="checkbox"/> Financial Problems	<input type="checkbox"/> Fainting	<input type="checkbox"/> Palpitations
<input type="checkbox"/> Dizziness	<input type="checkbox"/> No Appetite	<input type="checkbox"/> Bowel Disturbances	<input type="checkbox"/> Stomach Trouble
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Nightmares	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Alcoholism
<input type="checkbox"/> Feel Tense	<input type="checkbox"/> Take Sedatives	<input type="checkbox"/> Tremors	<input type="checkbox"/> Unable to Relax
<input type="checkbox"/> Suicidal Ideas	<input type="checkbox"/> Shy with People	<input type="checkbox"/> Depressed	<input type="checkbox"/> Feelings of Panic
<input type="checkbox"/> Dislike Vacations	<input type="checkbox"/> Unhappy Relationships	<input type="checkbox"/> Dislike Weekends	<input type="checkbox"/> Sexual Problems
<input type="checkbox"/> Concentration Difficulties	<input type="checkbox"/> Difficulty Making Decisions	<input type="checkbox"/> Recreational Drug Abuse	<input type="checkbox"/> Unable to Have a Good Time
<input type="checkbox"/> Over-Rambunctious	<input type="checkbox"/> Can't Keep a Job	<input type="checkbox"/> Can't Make Friends	<input type="checkbox"/> Overeating
<input type="checkbox"/> Memory Problems	Other _____	Other _____	Other _____

In what areas of the family is there compatibility?

In what areas is there incompatibility?

How do you get along with your parents and in-laws? (this includes brothers/sisters in-law)

How many children do you have? Please list their sex and age.

Father: _____

Living or deceased? _____

If deceased, your age at the time of his death? _____

Cause of death? _____

Mother: _____

Living or deceased? _____

If deceased, your age at the time of her death? _____

Cause of death? _____

As a child in what ways were you disciplined by your parents?

Give an impression of your home atmosphere (i.e., the home in which you grew up). Mention state of compatibility between parents and between parents and children, siblings, etc.

Were you able to confide in your parents? Did you feel safe?

Give a description of any religion or spirituality in your upbringing.

If you were not brought up by your parents, who were your primary caretakers, and between what years (ages)?

Has anyone (parents, relatives, friends, co-workers) ever interfered in your marriage, occupation, etc.?

Who are the most important people in your life and why?

In your own words, please discuss your greatest achievements – personal, academic, etc.

Please complete the following:

I am _____

I feel _____

I wish _____

I think _____

Signature _____ Date: _____

Printed Name: _____