

Intuitive Energy Healing

Smoking/Vaping Hypnotherapy Questionnaire

Name: _____

Today's Date: _____

Date of Last Cigarette (Session Date) : _____ **Initials:** _____

1. Tell me about yourself a-little, family, kids, pets, profession, hobbies, etc.

2. Favorite color?

3. Favorite Season?

4. Ever been Hypnotized? How did it go?

5. Some things from nature you love?

6. Any phobias or fears in nature?

7. Is there a place where you feel safe? Where is it?

8. What are 3 things you are grateful for in your life?

9. What are 2 things you really like about yourself?

10. Would you consider yourself to be an analytical person?

11. Is it difficult for you to clear your mind?

12. Why do you want to be a Non-Smoker?

13. At what age did you start vaping/smoking?

14. Can you recall a time where you did not vape/smoke?

15. How much do you vape/smoke right now?
16. What are your habits around vaping/smoking? When do you do it and what are your triggers?
17. Have you tried to quit before?
18. Did you grow up in a house where someone smoked inside?
19. Did your grandparents or parents smoke?
20. Has anyone in your family or close friends passed away from smoking/vaping?
21. What unwanted physical symptoms do you have or are **afraid** of having from smoking/vaping?
22. How will your life be different when you are a Non-Smoker?
23. Do you have a morning routine? What does or would that look like?
24. What healthy habits would you like to replace with smoking/vaping? (*ex. are drinking more water, doing a few squats, taking deep breaths, making some tea, listing what you are grateful for so far that day, etc.*)
25. What are some things you **hate** about smoking/vaping?
26. What are some things that you **used to** like about smoking/vaping?
27. Any health issues you feel is relevant to share?
28. Would you be open to using essential oils during your Hypnotherapy session that would specifically help for quitting smoking/vaping?

29. Allergic to any essential oils?
30. Are you interested in hearing/talking about Reiki/Energy Work during your session?
31. Do you ever meditate? How often?
32. Will you commit to listening to this link *at least 3 times prior* to your session with headphones? YES | NO <https://youtu.be/pzTIFfGnvX4>
33. Are you ready to walk out of your session a **Non-Smoker**?
34. Any questions?

Please print, fill out, take a picture or scan, and text or email back to me at least 1 day prior to your session, thank you!



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