



DATE _____

NAME _____

What is the goal you would like to achieve with hypnosis? _____

How will you feel when we have achieved your desired outcome? _____

Please mark any as YES that you like and NO if you STRONGLY dislike.

(Comments are encouraged - for instance: I feel peaceful at the beach)

| | | | |
|------------|-----------|---------|-----------------|
| Day | Night | Sunrise | Sunset |
| Beach | Desert | Hills | Orchard |
| Lake | River | Snow | Tropical Island |
| Waterfalls | Forest | Woods | Mountains |
| Magical | Realistic | Drama | Fantasy |

Other Places I Like: _____

Other Places I Dislike: _____

Describe yourself (funny, nice, angry, happy, sad etc.)

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Certified Hypnotherapist