



HYPNOSIS DESIRES ALL ABOUT YOU

Appointment Date: _____ Time: _____

Name: _____ Gender: _____

Address: _____

Phone _____ Email: _____

Birth: _____ / _____ / _____ Age: _____

What do you want to accomplish with hypnosis today:

___ Stress Management /Anxiety

___ Professional /Sports Performance

___ Academic Performance /Test Taking

___ Letting go of a Relationship

___ Pain Management

___ Undesired Habit Specify: _____

___ Weight Loss Goal Weight: _____

___ Overcome Fears Specify: _____

___ Other Specify: _____

What is your prior experience with hypnosis:

___ None

___ Have listened to hypnosis tapes or CD's

___ Have been hypnotized at a stage show

___ Have read books on hypnosis

___ Have been hypnotized one on one

___ Have friends/family who have been hypnotized

What are your beliefs about hypnosis?

___ I think it can help me

___ I will try it and see what happens

___ I'm not sure yet

What are your three biggest personal strengths?

1) _____

2) _____

3) _____

List any health concerns, fears, or issues: _____

List any medications: _____

Do you drink alcohol? _____ How Often _____

Do you smoke cigarettes? _____ How Often _____

Do you have sleep difficulties? _____ If yes, how often? _____ Rarely
_____ I have trouble falling asleep _____ I don't get enough sleep
_____ I have trouble staying asleep _____ I sleep too much

Eating Patterns:

_____ I am on a special diet Specify: _____
_____ I eat mostly healthy foods _____ My meal portions are too big
_____ I don't eat regularly _____ I overeat
_____ I do not eat enough _____ I binge eat
_____ I purge myself when full _____ I snack too much

Exercise Patterns:

_____ I work out frequently Specify: _____
_____ I exercise occasionally Specify: _____
_____ I do not get enough exercise
_____ I have a health condition that limits my ability to exercise Specify: _____

In my personal relationships, I am:

_____ Unsatisfied _____ Mostly satisfied
_____ Sometimes satisfied _____ I am very happy with my relationships with others

What do you do to relieve tension and stress? _____

What do you do for fun? _____

What are your hobbies? _____

What can you spend time doing, that you enjoy so much that time passes quickly _____

What do you want to accomplish with hypnosis? _____

Which landscape do you prefer?

- ___ Mountains
- ___ Beach
- ___ Lake
- ___ River
- ___ Desert
- ___ Other _____

Is there anything else you would like to share? _____

I have filled out this form to the best of my ability, and I am not misleading my professional hypnotist, about the severity of my conditions or issues.

Signature

Date