



# Healing Through Hypnosis

## Weight Loss Program

### Questionnaire

Please fill out the following form to the best of your ability. All information is kept strictly confidential.

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: (      ) \_\_\_\_\_ Evening Phone: (      ) \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Spouse/Significant Other's Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Names and Ages of Children: \_\_\_\_\_

How did you find out about this hypnosis service?

How long have you wanted to lose weight?

Define specifically what your weight loss goal is:

At what age were you last at your ideal body weight?

Define exactly WHY you want to make this change and how you believe it will improve your life.  
Why is this important to you?

What is motivating you to lose weight NOW?

Do you have a deadline or timetable to reach your goal? By when?

Are you willing to create the time for a weight loss program to reach your goal?

Do you have the resources (support system, environment) to help you reach your goal?

Are you willing to actively participate in the process to make the behavior changes necessary to achieve your goal?

What types of food or beverages do you have the most trouble with? Do you often experience cravings? If so, when?

Do you have any food allergies/sensitivities?

Do you have any diagnosed medical conditions (diabetes, high blood pressure, high cholesterol)? Do you take any prescription medications?

How do you typically manage stress? Is stress or emotional eating a problem for you?

Have you attempted to lose weight in the past? Did you experience success? If you were unable to reach your goal, why do you think that is?

How do you feel about your self-image and sense of self-esteem?

What are three things you love about yourself the most?

- 1.
- 2.
- 3.

What are three of your greatest strengths?

- 1.
- 2.
- 3.

What are three things you think you can improve upon?

- 1.
- 2.
- 3.

What are three hobbies or ways to relax that you enjoy?

- 1.
- 2.
- 3.

Do you currently exercise? If yes, what are you doing, how often, and for what duration?

Do you get good quality sleep at night (at least 7 solid hours) and feel refreshed upon awakening?

Do you sustain a good energy level throughout the day?

What is the one main reason you can identify as to why you are currently overweight? When did it start to become a problem for you?

Please list any additional concerns/issues/goals that you feel you would like your hypnotist to know about:

Thank you for your time investment on this questionnaire to better your experience!!!