



# Healing Through

# Hypnosis

**Become A Better You!**

## **Hypnosis Intake Questionnaire**

Please fill out the following form to the best of your ability. Certain questions may not apply. 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?

What would you like to accomplish with hypnosis today?

- \_\_\_ Stress Management/Relaxation
- \_\_\_ Anxiety
- \_\_\_ Insomnia
- \_\_\_ Smoking Cessation
- \_\_\_ Weight Loss/Exercise
- \_\_\_ Confidence Building/Self-Esteem
- \_\_\_ Enhance Creativity/Motivation/Success
- \_\_\_ Other: \_\_\_\_\_

Do you have a strong desire and readiness to be free of the problem/issue and actively participate in the process?

Once you achieve your desired goal, how do you imagine your life to be different?

How long have you had this issue/problem?

Are you under any other medical, psychological, or complementary treatment to address your concern(s) at this time? What else have you tried?

What are your three biggest personal strengths?

- 1.)
- 2.)
- 3.)

What are three things you feel you could improve upon?

- 1.)
- 2.)
- 3.)

What is your prior experience with hypnosis?

- None
- Have been hypnotized at a stage show
- Have been hypnotized one on one
- Have listened to hypnosis tapes or CDs
- Have read books on hypnosis
- Have friends/family who have been hypnotized

How do you typically alleviate stress and do you find these methods effective?

Please briefly list any significant fears or aversions:

If you were to seek out an enjoyable, relaxing place, where might that be? Please check all that apply:

- beach/ocean
- floral garden/beautiful meadow
- nature (forest/waterfalls/parks)
- Other environment/favorite place

What are your favorite colors?

What talents and abilities do you have? What hobbies do you enjoy?

How do you learn best? Check all that apply:

- Listening
- Seeing
- Doing/Feeling/Sensing

Please briefly share three achievements that you're proud of:

- 1.)
- 2.)
- 3.)

Do you have difficulty sleeping?

Do you have any particular religious' affiliation?

Is there anything else you would like your consulting hypnotist to know about?

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