

Your Business Logo and Name

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address, City and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: M F Relationship Status: S M D W

How did you hear about me? Referral \_\_\_\_\_ Google Search Other \_\_\_\_\_

What would you like to accomplish with hypnosis? \_\_\_\_\_

Any secondary goals? \_\_\_\_\_

Using a scale of 1 to 5 (1=poor, 5=excellent), please rate your: Quality of Sleep: \_\_\_\_\_ Happiness: \_\_\_\_\_  
Energy Level: \_\_\_\_\_ Confidence: \_\_\_\_\_ Outlook on life: \_\_\_\_\_ Stress Management: \_\_\_\_\_ Relationships: \_\_\_\_\_

If you are currently under the care of a physician, Doctor's name: \_\_\_\_\_

Significant past health issues: \_\_\_\_\_

Have you ever been diagnosed with:

Depression: \_\_\_\_\_ Obsessive Compulsive: \_\_\_\_\_ Eating Disorder: \_\_\_\_\_  
High Blood Pressure: \_\_\_\_\_ Bipolar/Manic Depressive: \_\_\_\_\_ Addiction: \_\_\_\_\_  
Post Traumatic Stress: \_\_\_\_\_ Heart Condition: \_\_\_\_\_ Schizophrenia: \_\_\_\_\_

Do you have any significant fears or phobias?: \_\_\_\_\_

Are you religious/spiritual? \_\_\_\_\_

How many times/day do you use: Caffeine: \_\_\_\_\_ Alcohol: \_\_\_\_\_ Tobacco: \_\_\_\_\_ Marijuana/Other \_\_\_\_\_

Please **circle** anything listed below that might be unpleasant if you were asked to imagine it:

Stairs Warmth Movies Floating Beach Ocean  
Waves Forest Meadow Mountains Water

The above information is true & correct. .

X \_\_\_\_\_ Today's Date: \_\_\_\_\_