



HYPNOSIS

Name: _____

DOB: _____

Address : _____

Phone: _____

Email: _____

1. Briefly describe what you wish to accomplish through hypnosis.

2. Have you ever been hypnotized?

If yes, please describe the experience.

3. Are you currently being treated by a mental health professional?

If yes, please list therapist's name below.

4. Have you been involved in psychotherapy in the past?

If yes, please describe your experience and outcome.

5. What is the main issue you wish to address during our sessions?

6. What barriers or challenges do you face when dealing with this issue?

7. What have you done so far to deal with this issue?

8. Did you find any of the methods effective? If so, how were they helpful?

9. What other issues would you like to address if possible?

Please add any additional information that you feel is relevant to your hypnosis/coaching.

MEDICAL ISSUES (including weight loss and smoking cessation): It is important that your physician be given the chance to add his or her input if you would like to address certain issues with hypnosis. These include but are not limited to: eating disorders (bulimia, anorexia), IBS, Fibromyalgia, pain management. Please provide your physician's name and address below if you give your permission for me to contact them.

Physician(s) name(s):

Address:
