|  |  |
| --- | --- |
|  |  |

# Hypnosis Client Intake Form

*Please fill out the form below by placing your responses in the boxes. After filling in each box, use the ‘Tab’ key to move to the next box. Do* ***NOT*** *use the ‘Enter’ key on your keyboard. When complete send this back as an attachment.*

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Address |  | City |  |
| State/Province |  | Postal Code |  |
| Country |  | Company |  |
| Title |  | Home Phone |  |
| Work Phone |  | Work Extension |  |
| Mobile Phone |  | Email |  |
|  |  |  |  |
| Web Address |  | Referred By |  |
| Occupation |  | Marital Status |  |
| Birthday |  | Spouse’s Name |  |
| Religious Affiliation |  | Children’s Names |  |

## Your Goals:

What are the three biggest changes you want to make in your life in the next 3 months?

1.

2.

3.

What are the three biggest changes you want to make in your life over the next 3 years?

1.

2.

3.

What are you most wanting to achieve?

And do you feel ready for it?

## Your History:

What would you say have been your 3 greatest accomplishments to date?

1.

2.

3.

Who are or have been your major role models?

List any current health problems:

List any medications:

Have you worked with a Hypnotist before or been in a similar one-on-one adult relationship? (Example: tennis coach, piano teacher, therapist)

If yes, what worked well for you and what did not work in the relationship(s)?

Worked Well:

Did not Work Well:

What major transitions have you had in the past two years?

(Example: entering or approaching a new decade, new relationship, new job, new role, new residence, change in children’s ages/stages, etc. )

## Improvements:

List improvements you would like to make in the following areas of your life:

Family/Home Life:

Financial situation:

Career/Business Life:

Personal Character:

Relationships:

Leisure time:

Self-care:

Learning:

## Your Life:

Who are the key people in your life and what do they provide for you?

Is your life one of your choosing?

If not, which parts are being chosen for you?

What is your favorite part of your typical day?

What is your least favorite part of your typical day?

Looking at the past six months of your life, do you like the direction your life is moving in?

On a scale of 1 to 10, 10 high, rate the amount of stress in your life right now:

What are your primary stressors?

List five things that you are tolerating or putting up with in your life at present. (**Examples**: information you can’t find, clutter, rude friends, poor lighting, tight shoes, dented car, job dissatisfaction, dead plants, broken equipment, old appliances, etc.)

1.

2.

3.

4.

5.

## Yourself:

List five adjectives that describe you at your best:

1.

2.

3.

4.

5.

List five adjectives that describe you at your worst:

1.

2.

3.

4.

5.

What are your 3 major concerns/fears about yourself?

1.

2.

3.

What are your 3 major concerns/fears about life?

1.

2.

3.

What motivates you?

What are you learning/accepting about yourself at present?

What is a dream or goal you have given up on?

What is your favorite color?

List your three favorite places in order of preference:

1.

2.

3.

On a vacation, do you prefer excitement or relaxation?

Excitement Relaxation

Do you know if you are audio, visual, and/or kinesthetic?

Audio:

Visual:

Kinesthetic

Do you enjoy your work?

Why are you seeking Hypnotherapy?

Please list any allergies you have to food, environment, and medications:

Do you follow any religious or meditative practices? (*If so, please describe*):

Do you currently experience any of the following? *(Please check all that apply)*

|  |  |  |
| --- | --- | --- |
| nervousness | inability to relax | sleeplessness |
| depression | sexual dysfunction | compulsive tendencies |
| nail biting | teeth grinding | nightmares |
| poor health | cigarette smoking | alcohol abuse |
| drug abuse | compulsive overeating | serious eating disorder |
| codependency | inability to focus attention | short term memory |
| marital problems | recent divorce | war trauma |
| current illness or death of a loved one | childhood trauma | fear of heights |
|  | poor self-esteem | abusive home situation |
| abusive work situation | lack of success | other: |

Please list any other conditions occurring in your life that are negatively affecting you in any way:

# PLEASE CHECK EACH ONE THAT PERTAINS TO YOU

Need a Job

Worn out by Job

Cannot Save Money

Long Short Term

Cannot Get Ahead

Problems with:

Co-workers

Employees

Boss

Dislike Job

School

Too Much Spare Time

Bad habits

Drug Problem

Which Drug?

Drink too Much

How Much of What?

Weight Problems

Weight

Height

Desired Weight

Eat too much

Sweets

Junk Food

Other:

Not enough Exercise

Get min. per day

Get min. per wk.

Dissatisfied with appearance

Why?

Want to Quit Smoking

Smoke \_\_ cigarettes per day

Difficulty getting to Sleep

Cannot Stay Asleeep

Poor Memory

Used to be better?

Studying is dull

Read too slowly

Poor concentration

Procrastinate a lot

Work

Personal

Poor Organization

Time

Space

Would like to Raise Income

Present Income: $ /yr.

Desired Income: $ /yr.

What Year by?

Desire a Promotion

Want to change

Business/Jobs

Work Too Dull

Afraid to take risks

Business

Personal

Blame Others

Want to Know my Life Mission

Need More Goals

Lack of Skills

Lack of Motivation/Ambition

Trouble Making Decisions

Lack of Education

Willing to Take Classes?

Lack of Imagination

Trouble with Children

Trouble with Loved Ones

Quarreling at Home

No Time to Relax

Need more Fun

Unwanted Emotions

Wanted Emotions that are Absent:

Depressed

How Often?

Fear/Phobia

Of?

Afraid of People

Low Self Esteem

Thought about Suicide

Last date?

Fear of Dying

Too Emotional

Too Nervous

Guilt Feelings

Negative Reaction to Stress

Difficulty Relaxing

Easily Influenced

Bad Dreams

Feel Awkward

Cannot Express Emotions

Specify:

Dislike People

Frequent Crying

Different from Others

How?

Fear of Responsibility

Quick to Anger

Too Critical of Others

Violent

Verbally Abusive when Angry

Do not Trust Others

Too Sensitive

Feel Sad Frequently

Do not Communicate

Speech Problems

Public Speaking

Fears

Lack of skill

Poor Vision

Wear Glasses?

Desire to See Well Without Glasses

Hearing Impairment

Cannot get up Mornings

Get Sick a Lot

Fear of:

Health Problems

Mental Problems

State Getting Worse?

Aging Faster than I Prefer

Lack of Energy

I take Food Supplements

Blood Pressure

Menopause Difficulties

Allergies

Symptoms?

Physical Pain

Spiritual Problems

Hard to Meet People

Still Grieving

Date they passed

Mo. Yr.

Feel Lonely

Too Shy

Want a Love Relationship

Sexual Difficulties

Desire More Sex

Unhappy Marriage

Divorce

Relationship Breakup

Difficulty Making Friends

Am not Assertive

In Business  In Personal Life

Too Pessimistic

Legal Problems

Cassandra’s Guided Visions at Sense of Balance

**All information will be kept in strictest confidence.**

**RELEASE STATEMENT:** *I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Cassandra Zyxnfryx, of Cassandra’s Guided Visions at Sense of Balance, to hypnotize me for the purpose outlined in this intake form and for future purposes that I may request. I understand that the success of my hypnosis therapy depends greatly on my own ability to relax and desire to affect change in myself. I understand that because the results of my sessions depend greatly upon my own serious participation, and that Cassandra cannot offer any guarantee of the success of my treatment. I am aware however that Cassandra will do everything in her power to ensure my success. I understand that missed appointments will be fully chargeable to me at regular rates. If a 24-hour notice is given for cancellation there will be no charge.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date