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

# 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