

Tell me a little about yourself

Name: _____ Phone: _____ Email: _____

By whom were you referred: _____

Profession or Job:

Is work Satisfying? _____ Explain _____

Reasonable Hours? _____ Mentally Stimulating? _____ Explain _____

Are you able to leave work behind when you leave? _____

Is work causing you stress? _____ Explain _____

Other details about work _____

Activities Outside of Work:

Activities you are involved in _____

Activities you would like to involve yourself in _____

Why are you not currently doing this activity? _____

Do you take walks? _____ Do you exercise? _____

Do you have free time? _____ IF not Why: _____

Married _____ or Single _____ Are you in a relationship? _____

How is that going? _____

Do you have activities for mental stimulation? _____ Which ones? _____

Do you read for pleasure? _____ Any other outside activities _____

Food:

Are you eating well? _____ Do you eat breakfast? _____

How many meals per day do you eat? _____ Do you drink much water? _____

Sleep:

How many hours do you sleep per night _____ Time you go to sleep _____

Time you wake up _____ Do you sleep fitfully? _____

(Sleep Continued)

If not, Why? _____

Do you feel well rested? _____ Do you take naps? _____

Are you currently under a doctors care? _____ Doctor's name _____

Are you currently on medication? _____ Please list _____

May we contact your doctor to advise them we are working together? _____

What's happening in your life where hypnosis can help? _____

What is stressing you the most? _____

Have you been hypnotized before? _____ When? _____

How did it go? _____

If you could change any of your behaviors or your reaction to something, what would that change be _____

Are you a perfectionist toward yourself? _____, Toward others? _____

Do you have trouble starting projects? _____ Finishing Projects? _____

Do you meditate or do yoga? _____ Take time for yourself? _____

Do you sometimes find yourself unconnected or running around in a dream state? _____ What sends you to this place? _____

Any accidents or injuries that still emotionally impact you _____

Are you fearful of getting sick? _____ If yes, Why? _____

What fears, angers or hurts would you like to reduce or eliminate _____

Are you experiencing negative self talk? _____

What is holding you back from getting what you want from life? _____

Give a brief description of your religious training _____

With whom have you previously consulted about you present problem(s)? _____

_____ Was that person helpful? _____ How? _____

Self-Description:

Please complete the following:

I am _____

I am _____

I am _____

I am _____

I feel _____

I feel _____

I feel _____

I feel _____

I think _____

I think _____

I think _____

I think _____

I wish _____

I wish _____

I wish _____

I wish _____

I would like to: (Please Check) No Some A Lot

Get advice on how to deal with my life and with other people?

Get better control

Get clarity regarding which things I think and feel are real
and which things are mostly in my mind

Work out a particular problem that's bothering me

Get my therapist to say what he really thinks

Thank You for taking the time to answer the above questions.

