



Information

Name: _____ Date: _____

Name I like to be called: _____

Email: _____

Sex: _____ Age: _____ Your Occupation: _____

Family Physician: _____ Phone No.: _____

Purpose for visit: (i.e. What do I want to achieve? By when should I achieve my goal?)

What you do for hobby or relaxation: _____

Have you ever been treated for emotional problems? Yes / No
If yes, please explain: _____

Have you been treated for: (circle) Diabetes – Epilepsy – Heart Disorder – Digestive Problem?

Medications: _____

Do you have any allergies or phobias? _____

Pain Scale: 1 is very good 10 is very bad.

Pain: today (circle) 1 2 3 4 5 6 7 8 9 10 Week Avg. 1 2 3 4 5 6 7 8 9 10

Sleeping Habits: today (circle) 1 2 3 4 5 6 7 8 9 10 Week Avg. 1 2 3 4 5 6 7 8 9 10

Have you experienced Guided Imagery, Meditation, Yoga, or Hypnosis? (circle) Yes / No

If yes, please explain:

Any objection if I make reference to a higher power, creative force or universal force in your session?
(circle) Yes/ No

I am willing to be guided through relaxation, visual imagery, creative visualization, hypnosis, and stress reduction processes and techniques for the purpose of vocational or avocational self-improvement. I understand that the hypnosis I am receiving is not a substitute for normal medical care and I have been advised to discuss this hypnosis with any doctor who is taking care of me now or in the future. Additionally, I should continue any present medical treatment and consult my medical doctor for treatment of any new or old illnesses.

Signature: _____ Date: _____





BASIC Assessment

Name:

Date:

Situation or Problem to be assessed:

What am I currently doing regarding the situation?

What are my emotions related to my behavior?

What physical symptoms do I have related to my behavior?

How do I imagine myself related to my behavior?

What are my thoughts related to my behavior?





Benefits Sheet

List up to seven benefits that you will experience by making your desired change?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Why is it so important that you take action starting right now?

What will be a sign of success for you over next week, month, year?

Week:
Month:
Year:

Thinking: What must I be thinking to achieve my goal?

Feeling: What must I be feeling to achieve my goal?

Action: What specific steps must I take to achieve my goal?

What is a particular time (i.e. encounter, experience) in your life that you felt tremendously successful?

