

.....Please PRINT.....Please PRINT.....

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Names & Ages of Children: \_\_\_\_\_

Any health issues? \_\_\_\_\_

Doctor's name, address & phone: \_\_\_\_\_

What is the diagnosis that is being treated? \_\_\_\_\_

May I inform your doctor that you came to me for hypnosis? Yes No

Any medications you are taking? \_\_\_\_\_

How many cups/glasses per day: coffee \_\_\_ tea \_\_\_ soda \_\_\_ alcohol \_\_\_ water \_\_\_

Any recreational drugs? \_\_\_\_\_

Complete the following:

"I am seeking hypnosis because:" \_\_\_\_\_

"I expect the hypnosis session to:" \_\_\_\_\_

"I found Duncan Tooley through:" \_\_\_\_\_

"My favorite color is:" \_\_\_\_\_

"My favorite place in Nature is:" \_\_\_\_\_

→ Describe your favorite place: \_\_\_\_\_

"My fears or phobias are:" \_\_\_\_\_

“My compulsive tendencies are:” \_\_\_\_\_

“What I love to do for fun is:” \_\_\_\_\_

“My long term dream is:” \_\_\_\_\_

“My short term goal is:” \_\_\_\_\_

“I feel guilty about:” \_\_\_\_\_

“I am happiest when:” \_\_\_\_\_

“I currently experience:” (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Nervousness            | <input type="checkbox"/> Inability to relax           |
| <input type="checkbox"/> Sleeplessness          | <input type="checkbox"/> Depression                   |
| <input type="checkbox"/> Sexual dysfunction     | <input type="checkbox"/> Nail biting                  |
| <input type="checkbox"/> Nightmares             | <input type="checkbox"/> Childhood trauma             |
| <input type="checkbox"/> Anxious about _____    | <input type="checkbox"/> Poor self-esteem             |
| <input type="checkbox"/> Poor health            | <input type="checkbox"/> Smoking                      |
| <input type="checkbox"/> Alcohol abuse          | <input type="checkbox"/> Drug abuse                   |
| <input type="checkbox"/> Compulsive overeating  | <input type="checkbox"/> Serious eating disorder      |
| <input type="checkbox"/> Codependency           | <input type="checkbox"/> Inability to focus attention |
| <input type="checkbox"/> Abusive home situation | <input type="checkbox"/> Abusive work issue           |
| <input type="checkbox"/> Sexual abuse           | <input type="checkbox"/> Poor memory                  |
| <input type="checkbox"/> Marital problems       | <input type="checkbox"/> Recent divorce               |
| <input type="checkbox"/> War trauma             | <input type="checkbox"/> Current illness              |
| <input type="checkbox"/> Teeth grinding         | <input type="checkbox"/> Lack of energy               |
| <input type="checkbox"/> Death of a loved one   | <input type="checkbox"/> Death of a pet               |
| <input type="checkbox"/> Lack of success        | <input type="checkbox"/> Exam failure                 |
| <input type="checkbox"/> Stress                 | <input type="checkbox"/> Athletic decline             |
| <input type="checkbox"/> Any other issue _____  |   |

“Here is some other information that I think may be useful for this session:”

Commitment

I commit to myself:

- to seek & follow the guidance of my inner wisdom.
- to regularly use a process of intention, relaxation, imagery, affirmation, and repetition to achieve what I want.
- to keep a journal of my progress, and make an entry in it daily.

I commit to humanity:

- to tell at least two people my success within the first month of experiencing the transformation I desire.
- to pass on the good news that we all have the power to transform ourselves by giving a testimonial of your experience.

Signed: \_\_\_\_\_