

Hypnotherapy Intake Questionnaire

**Please fill out the following form, giving the first thought that comes to mind for each question. All information is kept strictly confidential.**

1. Why are you seeking hypnosis? \_\_\_\_\_

2. How do you feel about your current situation? \_\_\_\_\_

3. How motivated are you to make changes in your current situation? \_\_\_\_\_

4. What do you hope happens as a result of hypnosis? \_\_\_\_\_

5. If you hope to change a behavior explain the following:

How often do you do this? \_\_\_\_\_

What length of time do you do this? \_\_\_\_\_

When do you do this? \_\_\_\_\_

Where do you do this? \_\_\_\_\_

What makes you want to do this? \_\_\_\_\_

What do you get out of doing this? \_\_\_\_\_

How long have you been doing this? \_\_\_\_\_

Why did you start doing this? \_\_\_\_\_

What do you think and feel when you do this? \_\_\_\_\_

Are you aware when you do this? \_\_\_\_\_

Are you ready to stop doing this? \_\_\_\_\_

**Please help me get to know you better. This will help your hypnotic experience to be more successful.**

1. List 3 of your favorite colors: \_\_\_\_\_

2. List 3 of your favorite places: \_\_\_\_\_

3. List 3 of your favorite hobbies: \_\_\_\_\_

4. List 3 of your favorite foods: \_\_\_\_\_

5. List your favorite tv shows or movies: \_\_\_\_\_

6. List 3 of your favorite toys or possessions: \_\_\_\_\_

7. List your favorite friends: \_\_\_\_\_
8. List things that you would like to do better: \_\_\_\_\_
9. List 3 of your favorite songs: \_\_\_\_\_
10. List any fears or worries you have: \_\_\_\_\_
11. If you could what would you wish for? \_\_\_\_\_
12. When you are learning something new do you prefer to look, listen or do? \_\_\_\_\_
13. What are current triggers to anxiety or stress? \_\_\_\_\_
14. How do you soothe or calm yourself? \_\_\_\_\_
15. Where do you soothe or calm yourself? \_\_\_\_\_
16. How do you talk to yourself when you make a mistake? \_\_\_\_\_
17. I am happiest when \_\_\_\_\_
18. I feel guilty when \_\_\_\_\_
19. I feel angry when \_\_\_\_\_
20. I feel sad when \_\_\_\_\_
21. I feel scared when \_\_\_\_\_
22. What behaviors get in the way of your happiness? \_\_\_\_\_
23. What makes you laugh? \_\_\_\_\_
24. What would you like to do more of? \_\_\_\_\_
25. What would you like to do less of? \_\_\_\_\_
26. What would you like to change about yourself? \_\_\_\_\_
27. What would you like to start or stop doing? \_\_\_\_\_
28. What are you proud of? \_\_\_\_\_
29. When you do something new do you prefer to be told what to do or figure it out yourself? \_\_\_\_\_

30. Are you currently suffering from any of the following

Nervousness    Inability to relax    Sleeplessness    Nightmares    Compulsive tendencies

Anxiety    Childhood trauma    Fear of heights    Poor self-esteem    Bad relationship    Poor memory

Eating disorder    Drug or alcohol dependency/abuse    Inability to focus    Excessive worry    Feelings of failure

31. Mention your most significant memory, experience, or event that corresponds to each of these following periods of time in your life:

0-5 years old: \_\_\_\_\_

6-10: \_\_\_\_\_

11-15: \_\_\_\_\_

16-20: \_\_\_\_\_

20-30: \_\_\_\_\_

30-40: \_\_\_\_\_

40-50: \_\_\_\_\_

50-60: \_\_\_\_\_

60-70: \_\_\_\_\_

70-100: \_\_\_\_\_