

Today's Date *

Your Name *

Your Date of Birth *

Home Address (Street, City, State, Zip) *

Phone(s) (cell, home, work) *

Email Address *

Marital Status *

- ☐ Never Married
☐ Separated
☐ Divorced
☐ Widowed
☐ Married

Do you have children? *

- ☐ Yes
☐ No

If yes above, how many children?

With whom do you live? *

Who referred you?

How did you find out about me?

Person to contact in an emergency - with contact phone number *

Are you currently working? *

- ☐ Yes
☐ No

What is the nature of your work? *

What is your current occupation? *

Do you enjoy your line of work? *

- ☐ Yes
☐ No

Have you had any motor vehicle accidents in the past 3 years? *

- ☐ Yes
☐ No

Have you had any work injuries in the past 3 years? *

- ☐ Yes
☐ No

Do you have any ongoing lawsuits? *

- ☐ Yes
☐ No

What is your highest level of education? *

- ☐ Below 9th grade
☐ 9th grade
☐ 10th grade
☐ 11th grade
☐ 12th grade
☐ 1 year college
☐ 2 years college
☐ 4 years college
☐ 3 years college
☐ Associates degree
☐ Bachelors degree
☐ Masters degree
☐ Doctoral degree
☐ Trade school

If you have a degree, what is it in?

Have you ever served in the military? *

- ☐ Yes
☐ No

If yes above, what branch?

If you served in the military, was your discharge honorable?

- ☐ Yes
☐ No

Where did you grow up? *

Tell me which family members you have the closest relationships with *

Tell me about the primary problem(s) you have contacted me for help with *

How have you dealt with the problem(s) you are seeking help with *

Are you medically or physically healthy? *

- ☐ Yes
☐ No

Have you ever been diagnosed with a mental health or psychiatric disorder *

- ☐ Yes
☐ No

If you answered yes above, please list what it was here, and tell me who gave you that diagnosis

Are you currently taking any psychiatric medications? *

- ☐ Yes
☐ No

If you answered yes above, please list them with doses

Are these medications helping you?

- ☐ Yes
☐ No

Please list with doses all other medications you take

Please list any medical conditions you are receiving medical treatment for

Have you had any major surgeries in the past 5 years? *

- ☐ Yes
☐ No

If you answered yes above, were the results successful?

- ☐ Yes
☐ No

Have you ever served time in prison for anything? *

☐ Yes

☐ No

If you have served time, for what and how long did you serve?

Have you ever had any DUI's? *

☐ Yes

☐ No

Have you ever been in therapy before? *

☐ Yes

☐ No

If you answered yes above, what were you in therapy for?

Was it a good experience?

☐ Yes

☐ No

Did it help?

☐ Yes

☐ No

What type of therapist did you see and for how long?

How often did you see your therapist?

Have you ever had hypnosis or hypnotherapy before? *

☐ Yes

☐ No

For what did you seek hypnosis?

Was it a good experience?

☐ Yes

☐ No

Did it help?

☐ Yes

☐ No

What type of hypnotherapist did you see and for how long? How many sessions?

How often did you see your hypnotherapist?

What are three things you intend to accomplish within the next year? *

Please list here any expectations you have for your therapy or hypnosis *

What are your hobbies? *

What do you love to do? *

What do you hate doing? *

What are your favorite places? *

Who are your favorite people? *

Do you love animals? *

☐ Yes

☐ No

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☐ Yes

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For what did you seek hypnosis?

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Who are your favorite people? *

Do you love animals? *

☐ Yes

☐ No

If you answered yes above, what kinds of animals?

Do you own any pets? How many and what are they?

What are your two favorite colors? *

What are you two least favorite colors? *

What are your favorite foods? *

How many meals do you eat a day? *

Do you eat healthy? *

- ☐ Yes
☐ No

Do you like to exercise? *

- ☐ Yes
☐ No

What type of exercise do you do and where?

How often do you exercise?

Do you get enough sleep? *

- ☐ Yes
☐ No

Do you have sleep problems? *

- ☐ Yes
☐ No

If you answered yes above, what type of sleep problems?

Are you more of a leader or more of a follower? *

- ☐ Leader
☐ Follower

Do you like people? *

- ☐ Yes
☐ No

Do you enjoy being with people? *

- ☐ Yes
☐ No

Do you have any close friends? *

- ☐ Yes
☐ No

Do you have an intimate relationship with someone? *

- ☐ Yes
☐ No

Are your intimacy needs currently being met? *

- ☐ Yes
☐ No

Are you an intuitive person? *

- ☐ Yes
☐ No

Which do you rely on more? Your head or your heart? *

- ☐ Head
☐ Heart

Are you guided more by your intellect and logic or more by your feelings? *

- ☐ Intellect and logic
☐ Feelings

Please tell me anything else you would like me to know

Thank you for taking the time to complete this questionnaire.