

Date ____/____/____



Client Name _____

Preferred Name _____

Phone _____

Address _____ Apt _____

City _____ State _____ Zip _____

Employer _____ How Long? _____

Current Position _____

Have you experienced hypnosis before? Y / N What year? _____

Purpose _____

Results _____

Marital Status _____ Number of Children _____

Medical Conditions _____

Current Medications _____

Make sure to review the waiver behind the lion's head at the bottom of the web page for a full understanding of client/hypnotist cohesive responsibilities before agreeing.

Please sign and date that the above information is valid.

Please read through each of these conditions and circle the areas you may benefit from discussing. Put a * next to the singular project that is the most pressing for you at this time.

Hypnotic Targets

| | | |
|--------------------|-------------------|--------------------|
| Smoking | Overindulgence | Self Control |
| Nail-biting | Weight Management | Study Habits |
| Relationships | Pregnancy | Confidence |
| Sleeping Disorders | Stress | Independence |
| Anxiety | Motivation | Habit Disorder |
| Phobia | Self Esteem | Positive Self Talk |
| Pain | Memory Loss | Other |
| | | |

Please utilize these next few lines to write down any questions that have not yet been answered through the online video or reading materials. After all, being informed is the single most important aspect of any sound decision you make for yourself.

Are You Prepared and Ready Now?

On a scale of 1 - 100, how committed would you say you are to making this change? _____

What, if anything, have you tried in the past to combat your situation? _____

How long were you successful? _____

Why didn't this method work? _____

Is this a good time for you to accept the challenge now? _____

Why did you respond this way? _____

How would you like to feel when we are finished? _____

Choose one way that you intend on celebrating and write it down.

Who is on your support team? _____

Do you believe anyone else will notice when you have accomplished your goal? Yes/No How will you know? _____

Name at least one other person whom you are aware of that will be blown away by your accomplishment _____

How will you know when you have reached your goal? _____

Thank you for showing your true dedication in rising to the challenge, because that's exactly where your success begins.

Please sign and date to establish your intent of achievement.