



The Patient Whisperers

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.

Today's Date: _____

Name: _____ Date of Birth: _____

Sex: M F

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____

Daytime Phone:(____) _____ Evening Phone: (____) _____

E-mail: _____

Marital Status: _____ Name of Spouse: _____

Names & Ages of Children: _____

1. List three of your favorite colors: _____

2. Name three of your favorite places: _____

3. List any fears or issues: _____

4. Do you suffer any compulsive tendencies? _____

5. List any current health issues: _____

6. List the medications you are taking: _____

7. List three of your most important lifetime goals: _____

8. List three of your pastimes or hobbies: _____

9. What is your current occupation? _____

10. Do you enjoy your current work? _____

11. List things that you like to do but would like to do better: _____

12. If you could what would you wish for, become or do? _____

13. Why are you seeking hypnosis? _____

14. How did you find this office? _____

15. Are you currently suffering from any of the following (Circle all that apply)

Nervousness	Depression	Nightmares
Cigarette smoking	Compulsive overeating	Death of a pet
Marital problems	Current illness	Childhood trauma
Inability to relax	Sexual dysfunction	Abusive home situation
Alcohol abuse	Serious eating disorder	Lack of success
Recent divorce	Teeth grinding	Fear of heights
Sleeplessness	Compulsive tendencies	Abusive work issue
Drug abuse	Codependency	Poor health
War trauma	Lack of energy	Poor memory
Poor self-esteem	Nail biting	Death of a loved one
Sexual abuse	Inability to focus/attention	Any other important issues

16. One thing I feel guilty about is: _____

17. I am happiest when: _____

18. If I were not afraid to be myself I would: _____

19. I get so angry when: _____

20. I am most saddened by: _____

21. All of my life I: _____

22. Ever since I was a child I _____

23. One of the ways I could help myself but I don't is: _____

24. It is hard for me to admit: _____

25. I am a person who: _____

26. A mother should: _____

27. A father should: _____

28. A true friend should: _____

29. Mention your most significant memory, experience, or event that corresponds to each of these following periods of time in your life: (leave blank any that don't apply)

0-5 years old:

6-10:

11-15:

16-20:

21-25:

26-30:

31-35:

36-40:

41-45:

46-50:

51-55:

56-60:

61-65:

66-70:

70-100:

30. What behaviors get in the way of your happiness? _____
31. What would you like to start doing? _____
32. What would you like to stop doing? _____
33. What would you like to do more of? _____
34. What would you like to do less of? _____
35. What makes you laugh? _____
36. What makes you cry? _____
37. What makes you happy? _____
38. What makes you sad _____
39. What makes you mad? _____
40. What makes you frightened? _____
41. What do you see or imagine yourself as doing in the next 6 months? _____
42. What do you see or imagine you are doing 5 years from now? _____
43. What would you like to be doing 5 years from now? _____
44. What would have to change or be different for that to happen? _____
45. What are your main beliefs and values? _____
46. What are the things you feel you should, can, and must do? _____
47. What motivates you? _____
48. In one word describe your life: _____
49. In one word describe your problems: _____
50. In one word describe the good times in your life: _____
51. One of the things I feel proud of is: _____
52. Do you observe any religious or meditative practice? If so describe: _____
53. Do you believe in past lives? _____
54. Please explain any other negative conditions affecting you: _____
55. Please list any additional needs or concerns: _____

Stress Level Profile

Instructions: Read each statement below and enter the number to the right of it that best represents you and your behavior at this time.

1 -not at all 2 -slightly 3 -moderately 4 -very much

1. I often lose my appetite or eat when I am not hungry _____
2. My decisions seem to be more impulsive than planned, I tend to feel unsure about my choices & often change my mind _____
3. The muscles of my neck, back and stomach frequently get tense _____
4. I have thoughts & feelings about my problems that run through my mind for much of the time _____
5. I have a hard time getting to sleep, wake up often or feel tired _____
6. I feel the urge to cry or get away from my problems _____
7. I tend to let anger build up & then explosively release my temper in some aggressive way or destructive way _____
8. I have nervous habits (tapping my fingers, shaking my leg, pulling my hair, scratching, wringing my hands, etc.) _____
9. I often feel fatigued, even when I have not been doing physical work _____
10. I have regular problems with constipation, diarrhea, or upset stomach _____
11. I tend not to meet my expectations either because they are unrealistic or I have taken on more than I can handle _____
12. I periodically lose my interest in sex _____
13. My anger gets aroused easily _____
14. I often have bad unhappy dreams or nightmares _____
15. I tend to spend a great deal of time worrying about things _____
16. My use of alcohol, coffee, cigarettes, and/or drugs has increased _____
17. I feel anxious, often without any reason that I can identify _____
18. In conversation my speech tends to be weak, rapid, broken, or tense _____
19. I tend to be short tempered and irritable with people _____
20. Delays, even ordinary ones, make me fiercely impatient _____



The Patient Whisperers

INFORMED CONSENT FOR HYPNOSIS

The Staff of The Patient Whisperers have informed me that hypnosis is frequently used as a helpful technique in the treatment for a variety of conditions. I understand that hypnosis is a way of inducing a pleasant, voluntary state of relaxed attentive concentration, an altered state of consciousness, during which the conscious critical mind is relaxed and relatively inactive, and the doorway to the subconscious, inner mind is opened with a person's permission. In this comfortable state, suggestibility is heightened, mental absorption is increased, the senses are heightened, and the imagination is activated in a controlled manner. The inner mind is more receptive to acceptable, beneficial suggestions.

I understand that no one can be hypnotized against their will. You must be a willing subject. Your hypnotist must have your full cooperation. I understand that hypnosis is not about "zapping" you are under our power. Hypnosis is a collaborative and cooperative teacher-student relationship. A hypnotized subject cannot be made to do anything he or she is not willing to do. A person must be a willing and cooperative subject for hypnosis to work.

The hypnotized subject or patient is not asleep. When a person is in hypnosis, he or she is relaxed and aware of his or her surroundings. He or she hears the sound of the hypnotist's voice and will remember more or less what the hypnotist says. The hypnotized subject or patient is relaxed, comfortable, focused, and in a state of daydream type thinking. His or her analyzing, thinking mind (Conscious mind) is turned off and his or her feeling and intuitive, creative mind (Subconscious mind) is aware of everything that is going on.

I understand that the requirements for being a good hypnotic subject are mainly the desire to be hypnotized and to experience hypnosis, the ability to concentrate, the willingness to cooperate and follow instructions, and the relative absence of mistrust and fear. I understand that as part of a collaborative therapeutic relationship, hypnosis can be used as a tool to explore and uncover unconscious material, and as a tool to refresh memory.

I understand that hypnosis is not a "truth serum". When hypnosis is used as a tool to refresh memory, some, much, or none of the memory material recalled under hypnosis may have a basis in objective reality. I acknowledge that decisions about whether memory material is "true" or not, belong to me and not to the Hypnotist.

I acknowledge that the Staff of The Patient Whisperers and I have discussed the advantages and disadvantages of using hypnosis, as well as possible alternatives to the use of hypnosis if applicable.

CONSENT:

I understand that hypnosis as practiced by The Patient Whisperers is not a medical treatment, but a process whereby an individual is taught to use his or her own abilities for his or her own benefit. With this understanding, I hereby grant permission to The Patient Whisperers to hypnotize me.

Patient Signature: _____ Date: _____
Print Name: _____