

CLIENT INFORMATION

NAME _____ **DATE** _____

ADDRESS _____

HM PHONE _____ **CELL** _____

EMAIL _____

SEX _____ **AGE** _____ **HEIGHT** _____ **WT** _____ **HAIR/EYE COLOR** _____

MARITAL STATUS _____ **NAME OF SPOUSE** _____

WHO DO YOU LIVE WITH? _____

OCCUPATION _____ **EDUCATION LEVEL** _____

ARE YOU CURRENTLY UNDER CARE OF A MEDICAL DOCTOR? YES ___ **NO** ___

IF YES PROVIDE NAME _____

ADDRESS _____ **PHONE** _____

ARE YOU CURRENTLY UNDER CARE OF PSYCHOLOGIST, PSYCHIATRIST, LSW?

IF YES PROVIDE NAME _____

ADDRESS _____ **PHONE** _____

LIST CURRENT MEDICATION IF ANY _____

PURPOSE OF THIS HYPNOSIS/EFT SESSION _____

WHAT DO YOU DO TO RELAX? _____

DO YOU USE SELF-HYPNOSIS, MEDITATION OR PRAYER? _____

WHAT DO YOU BELIEVE IS THE CAUSE OF PROBLEM?

BASIC SPIRITUAL/RELIGIOUS BELIEFS? _____

PAST & CURRENT PHYSICAL ISSUES/CONDITIONS/

Questions to Improve Your Life

1. State your problem or goal in **3** sentences.
2. How long have you had this problem?
3. Who else in your family has or had this problem?
4. What have you tried in the past to overcome this problem?
5. What is your theory why you haven't been able to overcome this yet?
6. What would you like to be able to do differently?
7. What are the 3 most important things in your life?
8. List the 3 most important things in your relationships?

9. If you didn't focus on this problem what emotion might surface?
(What might you be avoiding feeling and dealing with?)

10. If this was no longer an issue what else would you like to feel better about?

11. What's the **upside** of keeping this problem? (How does it serve you?)

12. Who might be upset if you don't have this problem anymore?

13. How and when do you need help to achieve your goal?

14. What help (people or things) do you have available to you?

15. What are you willing to do to achieve this result?

16. Is there anything that could stop you?

17. How will achieving this goal affect your relationships?

18. How else will your life be different?
19. What is your greatest personal strength?
20. What is your greatest personal need?
21. How would you advise a friend to achieve this goal?
22. What happened the last time you became very angry? (**briefly tell story**)
23. What happened the last time you became sad? (**briefly tell story**)
24. What is your biggest regret?
25. What is your favorite place? (**include some details in description**)
26. What is your favorite memory? (**include some details in description**)