

Dawning Visions Hypnosis Intake Questionnaire

Note: All information will be kept strictly confidential except that which we are legally obligated to report such as threat of injury to yourself or others. If you are in any way uncomfortable with any of these questions, feel free to skip them. Please be aware that the more you tell me about yourself, the more I may be of assistance to you. Feel free to use the back of the questionnaire to go into detail about anything you wish for me to know about you or to help you with. It is my pleasure to assist you.

Name _____ Date of Birth _____ Sex _____

Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Cell Phone _____ Email Address _____

Personal Status ___ Married ___ Single ___ Divorced ___ Gay ___ Bi-Sexual

1. List your favorite colors in order of preference: _____
2. List three favorite places in order of preference: _____
3. On vacation do you prefer relaxation or excitement? _____
4. List any fears or phobias: _____
5. Do you experience any compulsive tendencies? _____
6. List any current health problems: _____
7. Are you being treated by a physician? ___ yes ___ No
8. Physician's Name _____ Phone # _____
9. If yes, for what? _____
10. Are be being treated by a mental health professional? ___ Yes ___ No
11. If yes, for what? _____
12. Mental Health Prof.'s Name _____ Phone# _____
13. List any medications you are currently taking: _____
14. List any herbs or vitamins you regularly take: _____
15. List your three most important life-time goals: _____
16. List your three favorite past-times/hobbies: _____
17. What is your current occupation? _____
18. Do you enjoy your work? _____ Employer _____
19. Why are you seeking hypnotherapy? _____
20. How did you hear about this office? _____

21. Are you currently experiencing any of the following? (Check all that apply)

- nervousness inability to relax sleeplessness depression
- sexual dysfunction compulsive tendencies nail biting
- teeth grinding nightmares poor health cigarette smoking
- alcohol abuse drug abuse compulsive overeating
- self-mutilation serious eating disorder codependency
- inability to focus attention poor memory marital problems
- recent divorce war traumas childhood traumas
- current illness or death of loved one fear of heights
- lack of energy poor self-esteem abusive home situation
- ADD ADHD abusive work situation lack of success

Other: _____

22. Do you follow any religious or meditative practices? Please explain:

23. Please list any other conditions occurring in your life that you believe negatively affects you in any way:

24. Please list any triggers to the behavior(s) thoughts or feelings that you are working on with hypnosis:

25. Why do you know you need to change now?

26. Why are you fed up with what has been going on?

27. Why do you know it is worth it to take the actions, do the things you need to do to succeed?

28. When you succeed how will you know you have done it? What will you be doing differently in how you experience your life?

29x. Please tell me specifics of your needs/concerns.

Release Statement: I hereby authorize Suzanne Kellner-Zinck to hypnotize me for the purposes outlined in this intake form and for future purposes that I may request. I understand that the success of my hypnosis therapy depends greatly on my own ability to relax and desire to create change in myself. I understand that because the results of my sessions depend greatly upon my own serious participation that Suzanne Kellner-Zinck cannot offer any guarantee of the success of my treatment. I am aware however, that Suzanne Kellner-Zinck will do everything reasonably possible in her power to ensure my success.

I also release Suzanne Kellner-Zinck from and against any and all liability arising out of, or connected in any way with emotional trauma and/unforeseeable psychological reactions that may result from the hypnotic sessions. I am aware however, that Suzanne Kellner-Zinck will do everything reasonably possible to ensure my success.

Signature

Date

