

Name:

Date:

**Hypnosis Questionnaire**

What is the concern that you would like to have addressed using hypnosis? (if more than one, please list in order of priority for you)

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Have you experienced hypnosis before?

No.

Yes. Was it for the same concern as listed above? \_\_\_\_\_

What other therapies, treatments or approaches (if any) have you tried or received to address your concern(s)?

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With regards to your top concern, how is your current state affecting you (you can include physical, mental and emotional sensations, affect on daily life, work, relationships etc)

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With regards to your top concern, what is the goal that you'd like to achieve? (be as specific as possible)

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How would you be different when you achieve your goal?

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What are the obstacles that are keeping you from achieving your goal?

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