

# HYPNOTHERAPY QUESTIONNAIRE

ALL INFORMATION WILL REMAIN STRICTLY CONFIDENTIAL

Dr. Ralph Potter, Certified Hypnotherapist



DATE		NAME		OCCUPATION	
ADDRESS CITY, ST, ZIP			DATE OF BIRTH		EMAIL  Would you like to receive an email newsletter on mind/thought/attitude? <input type="checkbox"/> Yes <input type="checkbox"/> No
BEST PHONE #		Mobile? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHO MAY I THANK FOR REFERRING YOU?	
UNDER DOCTOR'S CARE? FOR:		<input type="checkbox"/> YES <input type="checkbox"/> NO		WHICH PRESCRIPTIONS DO YOU TAKE?	OTHER DRUGS / ALCOHOL?
DESCRIBE ANY RELIGIOUS OR MEDITATIVE PRACTICE?					
WHAT IS YOUR GREATEST SOURCE OF STRENGTH?			HOW DO YOU RELAX?		
HOW LUCKY ARE YOU? (circle one)      NOT 1 2 3 4 5 6 7 8 9 10 VERY			DO YOU NEED TO BE IN CONTROL? <input type="checkbox"/> Yes <input type="checkbox"/> No		DOES HYPNOSIS FRIGHTEN YOU? <input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU EVER BEEN HYPNOTIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No      FOR? HOW WAS YOUR EXPERIENCE?					
HOW DO YOU WANT TO BE DIFFERENT AFTER TODAY'S SESSION? (WHAT IS YOUR GOAL?)					
DO YOU BELIEVE YOU CAN ACHIEVE THE GOAL YOU HAVE SET FOR YOURSELF? <input type="checkbox"/> Yes <input type="checkbox"/> No				HOW MOTIVATED ARE YOU?	
DO YOU BELIEVE YOU DESERVE THAT GOAL YOU HAVE SET FOR YOURSELF? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not Very	
WHICH OF THE FOLLOWING ARE OF CONCERN FOR YOU TODAY? (Check all that apply)					
<input type="checkbox"/> Fears/Phobias	<input type="checkbox"/> Sleeplessness	<input type="checkbox"/> Obesity	<input type="checkbox"/> Hurting Self / Mutilation		
<input type="checkbox"/> Compulsiveness	<input type="checkbox"/> Depression	<input type="checkbox"/> Inability to focus	<input type="checkbox"/> Codependence (addicted to a bad relationship or gaining I.D. from others)		
<input type="checkbox"/> Nervousness	<input type="checkbox"/> Sexual dysfunction	<input type="checkbox"/> Relationship Difficulties	<input type="checkbox"/> Childhood Trauma or Physical, Emotional or Sexual abuse		
<input type="checkbox"/> Inability to relax	<input type="checkbox"/> Nail Biting	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Adult Trauma or Physical, Emotional or Sexual abuse		
<input type="checkbox"/> Teeth Grinding	<input type="checkbox"/> Nightmares	<input type="checkbox"/> Poor Memory	<input type="checkbox"/> Other?		
<input type="checkbox"/> Tobacco Smoking	<input type="checkbox"/> Alcohol use / abuse	<input type="checkbox"/> War Trauma			
<input type="checkbox"/> Tobacco Chewing	<input type="checkbox"/> Current Illness	<input type="checkbox"/> Death of a loved one			
<input type="checkbox"/> Drug Use / Abuse	<input type="checkbox"/> Lack of Success	<input type="checkbox"/> Fear of Heights			
<input type="checkbox"/> ADD or ADHD	<input type="checkbox"/> Lack of Energy	<input type="checkbox"/> Poor Self Esteem			
Please list any other conditions occurring in your life you believe may be blocking your "highest self".					
<b>Release &amp; Consent Statement:</b> I understand that Dr. Potter is not a licensed medical physician and will not offer medical advice.					
I hereby authorize Dr. Ralph Potter to hypnotize me for the purposes outlined in this questionnaire and for future purposes that I may request. I understand that the success of my hypnosis session depends 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, Dr. Potter cannot offer any guarantee of the success of my treatment. I am aware, however, that Dr. Potter will do everything reasonably in his power to ensure my success. I also understand that I have other choices from which to seek assistance regarding my specific concerns, and I have chosen hypnotherapy at this time.					
I understand the fee for hypnosis is due in full on the day of the session, and today's fee will be \$ 150.00					
SIGNATURE				DATE	