

## Intake Form

**Name:**

**Date:**

**Address:**

**Phone number:**

**Email:**

1. What do you like to gain from hypnotherapy?
2. History and development of your problem. Other related symptoms related to the complaint.
3. Have you ever been hypnotized?
4. Do you visualize? If so to you visualize in color?
5. What is your favorite color? Do you dislike any color?
6. Do you have any fears or phobias?
7. Are you on any type of medication? Are you on drugs or do you use alcohol excessively?
8. Do you have any allergies?
9. Are you married? Previously married? Any children? How do you get along with your spouse? Children? Other people?
10. What are your hobbies?
11. Religious Preference?
12. Are you open minded?
13. What is the most safe and peaceful place where you can imagine yourself being? This is for the guided imagery on your custom hypnosis CD.

Please email the above information to [lindaohearn@aol.com](mailto:lindaohearn@aol.com) if you have ordered a custom hypnosis CD. In the email you do not need to restate the question just put the number then the answer.

