

*Because
life is to be
enjoyed not
endured!*



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Client Questionnaire

Please fill out the following form, **giving the first thought that comes to mind for each question**. I appreciate that it may seem like an arduous task to complete all of the questions, but your answers allow me to provide you with a bespoke hypnosis session, which will be far more effective than an "off the shelf" version. I sincerely believe that you are worth the effort ... this is the first step in **YOU** believing that too. **All information is kept strictly confidential.**

I look forward to hearing from you.

Best wishes, *Anne Townson*

Today's Date: _____

Name: _____ Date of Birth: _____

Sex: M F (please circle)

Address: _____

City: _____ County: _____ Post Code: _____

Occupation: _____

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

Marital Status: _____ Name of Spouse: _____

Names & Ages of Children: _____

1. List three of your favorite colors: _____
2. Name three of your favorite places: _____

3. List any fears or issues: _____
4. Do you suffer any compulsive tendencies? _____
5. List any current health issues: _____

6. List the medications you are taking: _____

7. List three of your most important lifetime goals: _____

8. List three of your pastimes or hobbies: _____
9. What is your current occupation? _____
10. Do you enjoy your current work? _____
11. List things that you like to do but would like to do better: _____

12. If you could what would you wish for, become or do? _____

13. Why are you seeking hypnosis? _____
14. How did you find me? _____

15. Do you consider that you are currently suffering from any of the following? (Please mark with an "x")

- | | | |
|-----------------------|-------------------------|----------------------------|
| Nervousness | Cigarette smoking | Marital problems |
| Inability to relax | Alcohol abuse | Recent divorce |
| Sleeplessness | Drug abuse | War trauma |
| Depression | Compulsive overeating | Current illness |
| Sexual dysfunction | Serious eating disorder | Teeth grinding |
| Compulsive tendencies | Co-dependency | Lack of energy |
| Nail biting | Inability to focus | Death of a loved one |
| Nightmares | Attention issues | Death of a pet |
| Childhood trauma | Abusive home situation | Lack of success |
| Fear of heights | Abusive work situation | Any other important |
| Poor self-esteem | Sexual abuse | Issue (please note |
| Poor health | Poor memory | below) |

16. One thing I feel guilty about is: _____

17. I am happiest when: _____

18. If I were not afraid to be myself I would: _____

19. I get so angry when: _____

20. I am most saddened by: _____

21. All of my life I: _____

22. Ever since I was a child I: _____

23. One of the ways I could help myself but I don't is: _____

24. It is hard for me to admit: _____

25. I am a person who: _____

26. A mother should: _____

27. A father should: _____

28. A true friend should: _____

29. Mention your most significant memory, experience, or event that corresponds to each of these following periods of time in your life:

0-5 years old: _____

6-10: _____

11-15: _____

16-20: _____

21-25: _____

26-30: _____

31-35: _____

36-40: _____

41-45: _____

46-50: _____

51-55: _____

56-60: _____

61-65: _____

66-70: _____

70-100: _____

30. What behaviour(s) get in the way of your happiness? _____

31. What would you like to start doing? _____
32. What would you like to stop doing? _____
33. What would you like to do more of? _____
34. What would you like to do less of? _____
35. What makes you laugh? _____
36. What makes you cry? _____
37. What makes you happy? _____
38. What makes you sad? _____
39. What makes you angry? _____
40. What makes you frightened? _____
41. What do you see or imagine yourself doing in the next 6 months? _____

42. What do you see or imagine you are doing 5 years from now? _____

43. What would you like to be doing 5 years from now? _____

44. What would have to change or be different for that to happen? _____

45. What are your main beliefs and values? _____

46. What are the things you feel you should, can, and must do? _____

47. What motivates you? _____

48. In one word describe your life: _____
49. In one word describe your problems: _____
50. In one word describe the good times in your life: _____
51. One of the things I feel proud of is: _____
52. Do you observe any religious or meditative practice? If so describe: _____
- _____
53. Do you believe in past lives? _____
54. Please explain any other negative conditions affecting you: _____
- _____
55. Please list any additional needs or concerns: _____
- _____

CONTRACT

I hereby authorise Anne Townson to hypnotise me for the purposes outlined in this form and for any future purposes that I may request. I understand that the success of my hypnosis therapy depends greatly on my own ability and desire to effect change in myself and my own level of participation, and that Anne Townson cannot offer any guarantee of the success of my treatment. I am aware, however, that Anne Townson will do everything in her power to ensure my success. I also understand that I have other choices from Anne Townson's practice (counselling, life coaching and reiki healing), from which to seek assistance regarding my specific concerns, and I have chosen to include hypnotherapy within these.

I understand that any hypnotherapy scripts used during my session(s) remain the sole property of Anne Townson and copies are not included in the fee paid.

Signature: _____ Date: _____

I understand that during the hypnotherapy session, Anne Townson may use touch as an anchoring technique (specifically in areas on the hand, arm, shoulders, forehead and chest). I hereby give my permission for this to take place during my session if required.

Signature: _____ Date: _____