



www.tri-therapies.com

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LIFE IS TO BE ENJOYED ... NOT ENDURED!

On-Line Therapy 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 the best service that I can. 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
Inability to relax
Sleeplessness
Depression
Sexual dysfunction
Compulsive tendencies
Nail biting
Nightmares
Childhood trauma
Fear of heights
Poor self-esteem
Poor health

Cigarette smoking
Alcohol abuse
Drug abuse
Compulsive overeating
Serious eating disorder
Co-dependency
Inability to focus
Attention issues
Abusive home situation
Abusive work situation
Sexual abuse
Poor memory

Marital problems
Recent divorce
War trauma
Current illness
Teeth grinding
Lack of energy
Death of a loved one
Death of a pet
Lack of success
**Any other important
Issue (please note
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: _____

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