



Confidential Hypnotherapy Client Information Form



DRUG AND ALCOHOL QUESTIONNAIRE Date: ___/___/20___

NameDOB/...../..... Age..... Yrs

Address.....

City..... State..... P/Code.....

Phone H..... W.....

Mob..... Email.....

Occupation..... Place of Work.....

Marital Status..... **Partner's Name**.....

How long have you been married / together?

Previous Relationships: First Name and time together

.....

No. of Children?..... **Names and Ages**.....

.....

Are your **parents** still alive? **Mum** Y N- died..... **Dad** Y N- died.....

How did you get on with **Mum**..... **Dad**.....

Do you have any **brothers and sisters?** Brothers Sisters

Brothers names & ages

Sisters names & ages

Does anyone else in your family drink or use drugs?

Are there any problematic relationships in your life?

Hobbies & interests: What do you do in your time off?

.....

How did you hear about us? Yellow Pages Internet Newspaper Friend Other.....

HISTORY

What is the main substance you have a problem with? Alcohol Drugs Both

Do you want to stop using completely or just cut down? Stop using Cut down

If drugs, which drug/drugs do you use? Pain killers Prescribed medications Marijuana

Speed Ice Heroin Cocaine Hallucinogens Inhalants

Other

How old were you when you started drinking?..... Using drugs?

How long have you been drinking?..... Using drugs?

What happened?

Why did you start? Peer Group Pressure Rebelling Family/Friends smoked

It was Cool/Trendy Relaxation Anxiety/Stress I's my friend

Bored Other

Alcohol

How much do you drink per day?

When and where do you drink?.....

What do you drink?

How much do you spend on alcohol per week? \$ year? \$ Other.....

Drugs (if applicable)

How much do you use per day?

When and where do you use?.....

What is your main mode of use? Oral/Pills Inhaling/Smoking Nasal Injecting

How much do you spend on alcohol per week? \$ year? \$ Other.....

Why do YOU think you drink or use drugs?

.....

.....

Are there any triggers that make you do this more?

.....

What have you tried in the past in regard to this problem?

Cold Turkey Medication..... Counselling Hypnosis

Outpatient Rehab Facility (where and for how long)

Residential Rehab Facility (where and for how long)

Other.....

How did it go for you? Didn't work Worked for a period(how long?).....

What caused you to relapse?

Please list **six negative effects** of continuing to drink or use drugs. Your greatest fears?

- 1..... 2
- 3..... 4
- 5..... 6

Please list **six benefits** of quitting. How would you like your life to be?

- 1..... 2
- 3..... 4
- 5..... 6

What could you do to fill your time instead of drink or use drugs? **e.g.** have a drink of water, take 3 deep breaths, meditate, go for a walk, go to the gym, join a class, take up a sport or hobby, gardening, get a new job, leave a bad relationship, deal with the problem at hand, phone a friend take up some fun activity you used to do?

Are your **family and friends** supportive of you getting free? Yes No

Is there anything/anyone that could undermine your commitment to succeed?

How committed are you to achieving these goals? ▼ 1 2 3 4 5 6 7 8 9 10 ▲

MEDICAL HISTORY

Not everyone is suitable for Hypnosis. Clients suffering from diagnosed mental disorders such as schizophrenia and bipolar may not be suitable for hypnosis. In some cases, it may be necessary to get a referral or written approval from your GP or Health Care Professional.

Have you ever been treated or for any psychological or emotional issues? Yes No

When and for how long?

What were you treated for?

What treatment did you receive: Counsellor Psychologist Hypnosis Medication

Other Name of Dr/Therapist.....

How is your health in general?.....

Have you ever been treated for? Heart problems Diabetes Epilepsy Pain Stress

Depression Other

Have you had any prolonged illness? Yes No Details.....

Are you currently taking any medications? Yes No

Medication & reason for the medication

If you were referred by your Doctor or Counsellor, do I have your permission to contact them if necessary? Yes No

Dr.'s / Counsellor's name and contact details

PLEASE READ AND SIGN

*****Any appointment changes or cancellations need to be made two business days in advance in order for us to fill your vacancy. ***Appointments broken or cancelled without notice will be charged for.**

Hypnosis is not mind control, it's a partnership where each person has a part to play. Your therapist will give you instructions to guide you into a relaxed state where you will be given suggestions to help you achieve the results YOU want, but it's up to you to follow those instructions. Hypnosis is a natural state we are in and out of every day, like when you're driving down the highway, or surfing the net and time disappears. You can hear everything, move and even talk while in hypnosis, and no-one can make you do anything against your will. All hypnosis is self-hypnosis, so in order for you to get the results you are after, you must be fully committed to the change. Your therapist is a qualified professional but they **will not work with you** if you are under the influence of drugs or alcohol, as it will make the session ineffective, so please make the commitment to be sober when you come for your session, or reschedule your appointment. In order for anyone to be successful they must be honest and committed, and work together with their therapist in a positive, respectful manner. If you are unable or unwilling to follow instructions, then you will not be suitable for hypnosis.

I **agree** to allow my Hypnotherapist to hypnotise me, and will do my very best to follow **ALL** instructions so I can benefit from the use of this very effective therapy.

Client Signature

*Parent/Guardian Signature (if under 18 years old)

"Change Your Mind – Change Your Life!"