



Confidential Hypnotherapy Client Information Form



NON-SMOKER 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** **Dad**
 How did you get on with **Mum** **Dad**
 Do you have any **brothers and sisters?** Brothers: Sisters:
Names & Ages

Does anyone else in your family smoke?

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

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

SMOKING HISTORY

Why do you want to Stop Smoking now?

How long have you been smoking?..... Age.....

Why did you start? Peer Group Pressure Rebelling Family/Friends smoked
 It was Cool/Trendy Relaxation Cigarettes are my friend
 Bored Other

* How many cigarettes do you smoke per day?

When and where do you smoke?.....

* How much do you spend on cigarettes per week?year?.....

How does it make you feel when you smoke? What do you get out of it?.....

Are there any triggers that make you light up or smoke more?

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

Cold Turkey Patches Gum Medication Hypnosis Other.....

How did it go for you?

Please list **six negative effects** or worries about continuing to smoke.

1..... 2.....

3..... 4.....

5..... 6.....

Please list **six benefits** of quitting.

1..... 2.....

3..... 4.....

5..... 6.....

What could you do to fill your time instead of smoking? **e.g.** have a drink of water, take 3 deep breaths, go for a walk, go to the gym, join a class, take up a sport or hobby, gardening, get a new job, phone a friend take up some fun activity you used to do?

Are your **family and friends** supportive of you quitting smoking? 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

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

How is your health I 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 mediation

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

Doctor/Psychologist/Psychiatrist Name and Contact Details if applicable:

We offer 2 programs for Quitting Smoking:

- The first option is usually for those who feel that smoking is just a habit.
- The second option is for those who have been smoking for longer and who may have emotional issues that they are using cigarettes to distract from.

The first session will let us know, for sure, if you are in the right category or if you need to be moved into the longer program. The first session is pretty much the same for both programs. Once you come back after the first session if you are not smoking and feel very confident, Congratulations! In this case we can then just continue with the second session which stacks the deck on your side making our work even MORE likely to be permanent. But if you come back and you're thinking about cigarettes a LOT, or are really feeling stressed, struggling or emotional without your cigarettes, or you slip and have a cigarette, then, this is an indication that your problem is not only habitual, but has also become emotional and we need to do a bit more work to undo the triggers. Also remember, you get from these sessions as much as you put into them and you will be successful to the extent of your commitment.

Let's do great things together!

Payment Details:

Cash Cheque Credit Card

Credit Card Details: Name:

Card Number: Expiry Date:/..... Security Code:.....

*****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.**

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!”