



ALISON SONENFELD

CLINICAL HYPNOTHERAPIST
C.H.t., P.NLP

Name _____

Street _____

City, State, Zip _____

Phone Day _____ Eve _____

Email Address _____

AREAS OF INTEREST OR CHALLENGE

WEIGHT REDUCTION

BUILD CONFIDENCE/SELF ESTEEM

STOP SMOKING

HANDLE ANGER/ FRUSTRATION

REDUCE STRESS

INCREASE CREATIVITY/ MOTIVATION

CHANGE INHIBITING BELIEFS

ELIMINATE SABOTAGING BEHAVIORS

RELEASE FEAR OR PHOBIAS

PAIN CONTROL

IMPROVE LEARNING SKILLS

IMPROVE PERFORMANCE

HANDLE CHANGES MORE COMFORTABLY

AGE REGRESSION

OTHER _____

WHO CAN I THANK FOR REFERRING YOU? _____

I recognize that my health and wellbeing depend directly on how well I care for myself emotionally, physically, intellectually and socially.

I recognize that the outcome of my hypnotherapy depends on the acceptance of being personally responsible for myself.

I am willing to commit to my own healing and improvement.

__ I will allow adequate time and enough sessions so that the desired change can happen. I agree to be on time and be prepared to participate in order to achieve a successful outcome.

Have you ever experienced Hypnosis or NLP before? Yes__ No__

If so, when? _____

Purpose_____

Outcome_____

What environments do you find most relaxing? _____

Do you have any fears of?

__ Going up (or down) escalators, stairs, hills or elevator?

__ Drifting or floating?

__ Water, oceans, rivers, pools or lakes?

__ Environments?

__ Other?

Explain_____

Are you currently under Doctor or Psychological care? _____

Have you had or are you currently being treated for any ongoing medical or psychological conditions?

If yes, explain: _____

Are you currently taking medication? Yes__ What side effects _____

How much caffeine per day? _____

Hypnosis is most effective when in a state of relaxation. Please avoid caffeine for several hours prior to your session.

CLIENT NEEDS ASSESSMENT QUESTIONNAIRE

1. What would be your best possible experience and outcome using hypnosis?

2. What would be your evidence that you had achieved your outcome?

3. What would happen if you get this outcome?

4. What are the benefits (ex: feelings, rewards, habits retained etc.) of what you have been doing?

5. Will getting this outcome affect other aspects of your life? (ex: what might you need to give up? What might you need to add? Would you need to fill your time?)

6. What are the costs of what you've been doing?

7. What has stopped you from accomplishing it?

Please answer these to the best of your ability and e-mail them to me or bring them with you to our Hypnosis session. I look forward to working together with you to reach the outcome that you desire!