

DHC

Dallas Hypnosis Center

Name: _____ Date: _____

Address: _____ City/State: _____ Zip: _____

Phone(s): Hm (_____) _____ Wk(_____) _____ Ext. _____

Cell Phone: (_____) _____ Email _____

Occupation: _____ DOB: ____/____/____

Hobbies (Golf, Tennis, Movies, Other): _____

Status: Single _____ Married _____ Widowed _____ Separated _____ Divorced _____

Members of Household: _____ Number of years of Schooling: _____

Smoking: _____ Weight: _____ Stress: _____ Other: _____

If smoking, how much: _____

If stress, what kind: _____

If weight, what is your present weight: _____ Desired weight: _____

Other, please explain: _____

Have you ever been hypnotized before? Yes _____ No _____

If "Yes" did you have a favorable reaction? _____

How did you hear of Dallas Hypnosis Center?

TV _____ Angie's List _____ On Line _____ Mailer _____ Magazine _____

Referral (Name) _____

Office use only

P _____ NP _____

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Please answer these questions as precisely as possible in order for us to optimize your evaluation.

Water: _____ How many glasses daily? _____

Alcohol: _____ What type _____ How often _____

Sodas: _____ What kind _____ How often _____

Meals: How many daily _____

How often do you eat out at restaurants? _____

How often do you eat fast food? _____

List typical foods you consume for each meal.

Breakfast _____

Lunch _____

Dinner _____

Do you snack in between meals? Yes ____ No ____

Do you eat when you are not hungry? Yes ____ No ____

Do you eat when under stress? Yes ____ No ____

Sweets: _____ What kind _____

How often _____

Present Medications: _____

Exercise: Yes ____ No ____ What kind: _____

How often _____

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Hypnosis Responsiveness Questionnaire

	YES	NO
1. Have you ever been hypnotized?	_____	_____
2. Have you ever seen anyone hypnotized?	_____	_____
3. Do you believe hypnosis can help you with your problem?	_____	_____
4. Have you ever walked or talked in your sleep?	_____	_____
5. Are you basically a trusting person?	_____	_____
6. Do you daydream or involve yourself in fantasy?	_____	_____
7. Do you feel comfortable being touched by someone you trust	_____	_____
8. Are you open to new ideas?	_____	_____
9. Are you able to follow direction?	_____	_____
10. Do you believe that it's possible for a person to be healed by the power of his or her own mind?	_____	_____
11. Do you enjoy reading fiction and getting involved in the stories?	_____	_____
12. Are you able to sit or lie still for a period of time?	_____	_____
13. Do you consider yourself to be a religious person?	_____	_____
14. Do you get angry easily or feel emotions quickly?	_____	_____
15. Do you enjoy reading or going to the movies?	_____	_____
16. Do you consider yourself imaginative or creative?	_____	_____
17. Do you think learning to relax would be important to your health?	_____	_____
18. Do you remember ever being afraid of the dark or heights?	_____	_____
19. If you were to imagine sucking on a sour, bitter, juicy yellow lemon would your mouth begin to water	_____	_____

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OUR GUARANTEE THE BEST IN THE BUSINESS

Success using hypnosis is dependent on many variables including the attitude, motivation, cooperation, and the attendance of scheduled sessions by the client. Even though Human behavior cannot be ethically guaranteed, Dallas Hypnosis Center makes the following service guarantee to you for our services:

If at your first program session you do not feel you attained hypnosis (for any reason) upon request Dallas Hypnosis Center will be happy to refund your money in full before you leave our office.

Other than the service guarantee set forth above, Dallas Hypnosis Center makes no other guarantee, express or implied, regarding results or client satisfaction.

You may discontinue our service anytime you wish without further financial commitment. DHC DOES NOT refund for sessions used. Used sessions are deducted from the total amount paid at a rate of \$225 per session. Refund requests will be processed within 30 days.

Signature

Date

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