



HYPNOSIS INTERVIEW

Client Name _____ **Date** _____

Medical History (*circle*) epilepsy, hypoglycemia, seizures, head injury, heart trouble, high/low blood pressure, mental illness, other significant conditions: _____

Physician: _____

Current Medication: _____

Presenting symptom/issue: _____

How long has this been an issue? _____

Why is it important to resolve this issue? _____

Under what circumstances did you first experience this problem? _____

Who or what makes it better? _____

Who or what makes it worse? _____

How long ago did you quit? (Addiction only) _____



HYPNOSIS INTERVIEW

Under what circumstances do your symptoms worsen? (Anchors) _____

Describe the circumstances when your symptoms are at their best. (Resource states) _____

Any previous experiences with (*circle*) hypnosis, meditation, etc.? _____

If so, preferred method of induction. _____

What other forms of therapy have you tried? _____

Length of work day, week (Work Style): _____

What do you do to relax? _____

Eating style (type of food, frequency, issues): _____

Sleeping habits (Insomnia?): _____

Drug/Alcohol use? _____



HYPNOSIS INTERVIEW

Forms of exercise: _____

Who supports your proposed changes? _____

What are your spiritual beliefs? _____

How would you describe yourself and your life now? _____

How will you and your life look when this issue is resolved? _____

