

Dear Client,

The **Intake Questionnaire** below is the first step to the discovery, focus and self-healing of your challenge.

Enjoy and appreciate the journey.

After you have booked your appointment for a private hypnosis session with us, please return your completed form by email to TBManhatHypnosis@aol.com or by U.S. Mail to:

Manhattan Hypnosis
750 Third Avenue
(between 46th & 47th Streets)
Room 933, 9th Floor
New York, NY 10017

Kindest Regards,

The Manhattan Hypnosis Staff

Client Intake Questionnaire

CONFIDENTIALITY: All information received on this questionnaire will be kept strictly confidential.

INSTRUCTIONS : Please fill out the following form with your first thoughts only. Your first thought is the correct answer. Extensive descriptions will be discussed during the session.

REMEMBER THIS IS ACTUALLY THE BEGINNING STEP TO FINDING THE ANSWERS TO YOUR CHALLENGE SO TAKE IT SERIOUSLY.

Thank you. The Manhattan Hypnosis Staff.

Today's Date: _____

Name: _____ Date of

Birth: _____

Address: _____ Sex:
_____ M _____ F

City _____ State _____ ZIP

Occupation: _____

Daytime Phone: (_____) _____

Evening Phone: (_____) _____

Cell Phone: (_____) _____

E-mail: _____

Marital Status: _____ Name of Spouse: _____

Names & Ages of Children:

List Three Favorite Colors:

1. List Three Favorite Places:

2. List any fears:

3. Do you suffer any compulsive tendencies?

4. List any current health problems:

5. List any medications you are taking?

6. Please list your three most important lifetime goals:

7. Please list your three favorite hobbies:

8. What is your current occupation?

9. Do you enjoy your work?

10. Please list things that you like to do and want to do better?

11. If you could be, do, have anything, what would you wish for?

12. Why are you seeking hypnotherapy?

13. How did you hear about this office?

Magazine: Wisdom _____ NY Naturally _____ NY Spirit _____ Internet search engine _____ Google _____ Referral _____ Other _____

14. Are you currently suffering from any of the following? **(Please Mark with X)**

nervousness poor health poor memory inability to relax cigarette smoking marital problems sleepless alcohol abuse recent divorce sadness compulsive overeating current illness nail biting compulsive tendencies teeth grinding lack of energy nightmares inability to focus attention death of a loved one abusive home situation lack of success fear of heights poor self-esteem other

15. One of the things I feel guilty of is:

16. I am happiest when:

17. If I were not afraid to be myself I would:

18. I get so angry when:

19. I am most saddened by:

20. All my life:

21. Ever since I was a child:

22. One of the ways I could help myself but don't is
23. It is hard for me to admit:
24. I am a person who:
25. What behaviors get in the way of your happiness?
26. What would you like to start doing?
27. What would you like to stop doing?
28. What would you like to do more of?
29. What would you like to do less of?
30. What makes you laugh?
31. What makes you happy?
32. What makes you mad?
33. What makes you frightened?
34. What do you imagine yourself doing in the next 6 months?
35. What do you see or imagine yourself doing in 5 years?
36. What would have to change or be different for that to happen?
37. What are your main beliefs and values?
38. What are your main should, could, must, and ought to's?
39. What motivates you?
40. In one word describe your life:
41. In one word describe your problems
42. One of the things I feel proud of is:
43. Do you observe any religious or meditative practices?
44. Do you believe in past lives?
45. Please explain any other negative conditions affecting you:
46. Please list any additional needs or concerns:

Neurolinguistic Learning Channel Profile

Instructions: Please X off characteristics that relate to your behavior.

Visual:

1. Likes to keep written records []
2. Typically reads billboards while driving or riding []
3. Puts model together correctly using written directions []
4. Follows written recipe easily when cooking []
5. Writes on napkins in restaurants []
6. Can put bicycle together using only written directions provided []
7. Review for a test by writing a summary []
8. Commits a zip code to memory by writing it []
9. Uses visual images to remember names []
10. A bookworm []
11. Plans the upcoming week by making a list []
12. Prefers written directions from employer []
13. Prefers to get a map and find own way in a strange city []
14. Prefers reading & writing games like scrabble []

Audio:

1. Prefers someone else to read instructions when putting model together []
2. Reviews for a test by reading notes aloud or by talking to others []
3. Talks aloud while working out a math problem []
4. Prefers listening to a CD over reading a book []
5. Commits zip code to memory by repeating it []
6. Uses rhyming words to remember names []
7. Review for a test by writing a summary []
8. Talks to self []
9. Prefers oral directions from employer []
10. Stops at a service station for directions in a strange city []
11. Prefers talking/listening games []
12. Keeps up with the news by listening to the radio []
13. Able to concentrate deeply on what another is saying []
14. Uses free time while talking with others []

Kinesthetic:

1. Likes to build things []
2. Uses sense of touch to put a model together []
3. Can distinguish items by touch when blindfolded []
4. Learns touch system rapidly when typing []
5. Moves with the music []
6. Doodles and draws on any available paper []
7. An out of doors person []
8. Moves easily - coordinated []
9. Spends large amount of time on crafts []
10. Likes to feel texture of clothes and furniture []
11. Prefers action activities []
12. Finds it very easy to keep fit physically []
13. Fastest in the group to learn a new physical skill []
14. Uses free time for physical activities []

Please Total each category above

Visual Number [] Auditory Number [] Kinesthetic Number []

Challenges Checklist

Place the appropriate number on the lines below on a scale of 1 to 5 (#1 is the most important while #5 is the least important). You may use number 1 (#1) more than once, for instance you may have three #1 challenges. Mark the issues that apply to you. You do not need to mark any challenge which does not apply to you.

- ___ Need a job
- ___ Worn out by job
- ___ Cannot save money ___ long term ___ short term
- ___ Cannot get ahead ___ Problems with co-workers or boss
- ___ Dislike job ___ school
- ___ Too much spare time_
- ___ Bad habits (list)

___ Weight problems: Weight:_____ Height:_____ Desired Weight_____

Eat too much sweets junk foods Other (list) _____

Not enough exercise I get _____ minutes per day/week

Dissatisfied with appearance -

Why? _____

Want to quit smoking I smoke _____ cigarettes per day

Difficulty getting to sleep _____ Cannot stay asleep

Poor memory

Studying is dull

Read too slow

Poor concentration

Procrastinate a often Work Personal

Poor organization skills

Desire a promotion

Want to change business Jobs Work too dull

Afraid to take risks business personal

Blame others

Want to know my life mission

Need more goals

Lack of skills

Lack of motivation/ambition

Trouble making decisions

Lack of education classes

Lack imagination

Quarreling at home

No time to relax

Need more fun

Unwanted emotions (list)

 Wanted emotions that are absent (list)

 Too pessimistic

Legal Problems

Fears of (list)

 Afraid of people

Low self esteem

Fear of dying

Too emotional

Too nervous

Guilt feelings

Negative reaction to stress

Difficulty relaxing

Bad dreams

Feel awkward

Cannot express emotions (specify)

- Dislike people
 - Frequent crying
 - Fear responsibility
 - Quick to anger
 - Too critical of others
 - Verbally abusive when angry
 - Do not trust others
 - Too sensitive
 - Feel sad
 - Do not communicate
 - Speech problems (specify)
-

- Public speaking
 - Fears
 - Lack of skill
 - Hearing impairment
 - Cannot get up mornings
 - Get sick a lot
 - Fear of _health
 - Aging faster than I prefer
 - Desire Rejuvenation/Slow down aging
 - Lack of energy
 - Blood pressure ___ High ___ Low
 - Physical pain (specify)
-

- Spiritual problems
 - Hard to meet people ___ business ___ personal
 - Feel lonely
 - Too shy
 - Want a love relationship
 - Desire more sex
 - Unhappy marriage
 - Divorce
 - Relationship breakup
 - Difficulty making friends
 - I am not assertive ___ business ___ personal
 - OTHER CHALLENGES (list)
-

Remember Hypnosis Changes Lives!

RELEASE STATEMENT

I hereby authorize a Manhattan Hypnosis hypnotist to hypnotize me for the purposes outlined in this intake form and for the future purposes that I may request. I understand that the success of my hypnosis depends greatly on my own ability and desire to affect change in myself. I

understand that the results of my sessions depend greatly on my own serious participation and that Manhattan Hypnosis cannot offer any guarantee of the success of my session. I am aware, however, that Manhattan Hypnosis will do everything in their power to ensure my success. I also understand that I have other choices from which to seek assistance regarding my specific concerns, and I have chosen hypnosis at this time.

I understand that any electronic recordings that I have received from Manhattan Hypnosis (CD, MP3, other formats) for home use will only be used in environments where I am not driving; operating any heavy and/or sophisticated equipment or machinery or in any situations which require my complete and full attention.

Signature _____ Date _____

I understand that during the hypnosis session, a hypnotist may touch me as an anchoring technique. I hereby give my permission for such touch to take place during my session.

Signature _____ Date _____