Shauns Therapy 4u - Hypnotherapy Consultation Form

Name:	Phone:	I/C……
Address:	DOB: Age:	1……
	Occupation:	
Married/Single/Living With/Living on Own	In a current relationship?	2……
Partners Name and Age:	Stable and happy relationship?	3……
Children:		4……
		5……
Are you currently seeing a Doctor or Psychiatrist?	Do you have any current medical problems and are you on any medication?	6……
		7……
What do you think your problem is?		8……
		9……
		10……
On a scale of 1-10 how do you feel about your problem?	What would have to happen to get it one less?	11……
What form does the problem take? When does it occur?		12……
If I could wave a magic wand and make one change in your life, what would it be?		13……
Tell me about the exact moment you decided to get help with your problem?		14……
		15……
What happens when you try to do something about it yourself?	And you haven't tried to do it yourself because…..?	16……
		17……
How will it feel when you can do it - how will it change your life?	What's the really worst thing about it - what is the biggest problem it gives you?	18……
		19……
Smoker: Yes/No Nail-biter: Yes/No	Over/Under Weight: Yes/No	20……
Constantly recheck things: Yes/No	Current Weight and Size:	21……
Any Rituals?	Desired Weight and Size:	22……
Migraine: Yes/No Driver: Yes/No	Appetite?	23……
Sleep: Good/Interrupted/Poor	Drugs: Yes/No Overtidy: Yes/No	24……

Brothers & sisters? Names: Ages:	Position in family:
Brought up by:	Are they still alive?
3 words to describe Dad as you were growing up:	3 words to describe mum as you were growing up:
3 words to describe Dad now:	3 words to describe Mum now:
How was your Parents relationship?	Did your Parents show affection in: public/private/never?
Did they show affection towards you?	Did you see/hear them argue?
As a child how did you get on with brothers and sisters?	How about now:
What were you praised for as a child?	What were you told off for as a child:
Irrational Fears: Knives, Needles, Blood, Lifts, Stairs, Open Spaces, Closed Spaces, Bridges, Doors, Police, Strangers, Spiders, Birds, Moths, Public toilets, Public speaking, Heights, Darkness, Water, Germs, Travelling, Flying, Public transport, Crowds. **Others:**	
Is there anything else you want to tell me or feel I should know about?	
Your Doctor & contact number:	
Where did you hear about me?	
Additional notes & comments:	