



Good Vibes Wellness Center

CONFIDENTIAL QUESTIONNAIRE

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home/Cell phone: _____ Work Phone: _____ Email: _____

DOB (mm/dd/yyyy): _____ Sex: Female Male Marital Status: _____ Height/Weight: _____

Occupation: _____

How Did You Hear About us? _____

Are you currently under the care of a physician?	Yes	No
Did your doctor recommend that you use hypnosis?	Yes	No
Physician's Name:	_____	
Are you currently taking any medications?	Yes	No
If Yes, What type?	_____	
Have you ever been diagnosed with epilepsy or had seizures of any kind?	Yes	No
Do you exercise?	Yes	No
How often?	_____	
Do you feel stress?	Yes	No
Explain:	_____	
What worries you most?	_____	
What do you want from hypnosis?	_____	
What do you expect from hypnosis?	_____	
Did you know that hypnosis is 100% safe?	Yes	No
Have you ever been hypnotized before?	Yes	No
If Yes, Results?	_____	
Why did you choose us for hypnosis?	_____	
Gently describe the behavior or	_____	

habit you wish to change:

How long have you experienced this behavior?

What is the longest period of time you have been free of the behavior?

How many times have you failed at changing your unwanted behavior?

What other methods have you tried?

What was the outcome?

Does your problem make you physically uncomfortable?

Yes

No

Explain:

Are you embarrassed by your habit/behavior?

Yes

No

Does your behavior problem limit you or your activities?

Yes

No

Does it affect you more under stress?

Yes

No

Do you feel your problem controls you?

Yes

No

Are you affected because of emotions?

Yes

No

Being free of your behavior problem a top priority?

Yes

No

What do you think is most difficult about stopping your behavior?

Explain:

Do you believe that ending your behavior has to be painful?

Yes

No

Briefly describe how your life will improve once your unwanted behavior is gone.

Are you willing to believe that changing your behavior can be fun and enjoyable?

Yes

No

How soon do you want to be free of your behavior?

Does your family support your efforts?

Yes

No

Does your family excited about your using hypnosis?

Yes

No

Does your problem limit your

Yes

No

social life?

Do you feel tired, run down and out of energy?

Yes

No

Can you remember what it was like before the problem?

What do you remember about being free from your behavior/habit?

Explain:

Does your problem caused you pain or suffering? (physical and emotion pain)

Yes

No

Explain:

What is the most important element in deciding to use our services? Circle only one of the four responses:

EFFECTIVENESS:

“My results are my top priority.”

TIME:

“I want results quickly.”

SERVICE:

“I need extra support along the way.”

AFFORDABLE:

“What you charge is my concern.”

I understand that my entire Good Vibes Wellness Center client file will remain completely confidential unless I have given a release in writing.

Signature: _____

Date: _____

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