



## Tranquil Tones Hypnosis

Please fill out this form and bring with you to your first session.  
This information will be helpful in guiding both you and the  
hypnotherapist in the direction needed.

What benefits do you expect to gain from making the change you would like to make?  
(please list seven, if possible)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

Check as many of the following as it applies to you. Fill in the blank spaces where appropriate.

\_\_\_\_\_ I know of a past experience or relationship that could be causing this problem.

\_\_\_\_\_ I often feel as though I should be punished for something I once did.

\_\_\_\_\_ I am aware of an internal conflict that may be causing part (or all) of my problem.

\_\_\_\_\_ If I get better, I stand to lose \_\_\_\_\_.

\_\_\_\_\_ If I was not so much like \_\_\_\_\_, I would be much happier.

Do you have any questions about this form, or about hypnosis? Please write them down here.

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Name \_\_\_\_\_

Date \_\_\_\_\_