

Please fill out this form. The information will be helpful during your session.

Please list seven of the benefits you expect to gain from making the change you would like to make.

Benefits of making the change you want

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Check as many of the following as it applies to you, and fill in the blank space if appropriate.

___ I often feel that I should be punished for something I once did.

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

___ 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 wasn't so much like _____, I'd be much happier.

If you have any questions about this form or hypnosis, please write them down here.

Name _____ Date: _____