

CLIENT HISTORY

NAME _____ HOME PHONE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

OCCUPATION _____ EMPLOYER _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ WK PHONE _____

AGE _____ BIRTHPLACE _____ BIRTHDATE _____ SEX _____

NEXT OF KIN _____ RELATIONSHIP _____

ADDRESS OF KIN _____ TELEPHONE _____

REFERRED BY _____

PERSONAL DOCTOR _____ PHONE _____

ADDRESS _____

WHAT MEDICINES/DRUGS DO YOU NORMALLY TAKE? _____

WHAT DO YOU PERCEIVE AS YOUR PROBLEM? _____

DURATION OF PROBLEM _____

CONDITIONS CAUSING VARIATION IN PROBLEM _____

WHAT YOU WOULD DO WHEN THE PROBLEM IS SOLVED. _____

WHAT DOES THE PROBLEM STOP YOU FROM _____

OUTLINE OF HELP ALREADY TRIED WHAT HAVE YOU DONE TO HELP YOURSELF?

RAPPORT

DO YOU MIND BEING TOUCHED WHEN TALKED TO. YES _____ NO _____
WHEN SOMEONE TALKS ABOUT FEELING WARM PHYSICALLY,
DO YOU FEEL WARM? YES _____ NO _____
CAN YOU EASILY PICTURE THINGS IN YOUR MIND? YES _____ NO _____
DO YOU FEEL OR SENSE THINGS, MORE THAN SEE THEM YES _____ NO _____

WHICH BEST DESCRIBES HYPNOSIS TO YOU:
_____ RELAXED PHYSICAL AND ALTERED MENTAL STATE
_____ SLEEP-LOST OF CONSCIOUSNESS
_____ GIVING UP ONE'S WILL TO ANOTHER

WHICH SCENE APPEALS TO YOU MOST?
_____ THE BEACH-SOUND OF WAVES
_____ THE RAIN
_____ THE SNOW
_____ THE FOREST-SOUND OF BIRDS

WHEN YOU RECALL A PARTICULARLY WONDERFUL VACATION YOU HAD, WHAT'S
THE VERY FIRST EXPERIENCE YOU REMEMBER?
_____ THE WAY THE AREA LOOKED.
_____ THE DIFFERENT WAY IT SOUNDED TO YOU
_____ THE FEELING YOU GOT BY VACATIONING THERE.

WHEN YOU DRIVE, HOW DO YOU NAVIGATE?
_____ I LOOK FOR ROAD SIGNS OR FOLLOW A MAP OF THE TERRITORY.
_____ I LISTEN FOR FAMILIAR SOUNDS THAT POINT ME IN THE RIGHT DIRECTION.
_____ I GET A GUT FEELING OR SENSE OF WHERE I AM.

WHEN I GET AN ASSIGNMENT, IT IS EASIER TO UNDERSTAND AND TO EXECUTE IF:
_____ IT'S WRITTEN OR DIAGRAMMED.
_____ IT'S EXPLAINED TO ME.
_____ I GET A SENSE OF CLARITY AND PURPOSE OR CORRECTNESS FROM IT.

I FIND IT EASIER TO BE WITH MY FRIENDS IF:
_____ THEY COMMUNICATE USING ANIMATION AND TO-THE-POINT STATEMENTS
_____ THEY INTERACT WITH ME THROUGH EASY-TO-HEAR & VARYING SPEECH .
_____ I GET A FEELING THAT THEY KNOW WHERE I'M COMING FROM.

WHEN I MAKE DECISIONS, IT HELPS TO:

- PICTURE THE POSSIBLE CHOICES IN MY MIND'S EYE.
- HEAR BOTH SIDES OF A DIALOGUE WITHIN MY MIND.
- SENSE HOW I WOULD FEEL IF EITHER CHOICE CAME TO PASS.

AT THE BEACH, THE VERY FIRST THING THAT MAKES ME GLAD TO BE THERE IS:

- THE LOOK OF THE SAND, THE SMILING SUN, AND THE BLUE WATER.
- THE SOUND OF THE WAVES, THE LAUGHING WIND, AND DISTANT SOUNDS.
- THE FEEL OF THE SAND, THE SALT AIR, AND THE JOY OF SERENITY.

WHEN YOUR PROBLEMS GET YOU DOWN IT HELPS TO:

- WRITE THEM DOWN, SO YOU CAN SEE THEM CLEARLY
- TALK/LISTEN TO ANOTHER UNTIL MY PROBLEMS SOUND EASIER TO HEAR
- SORT THEM OUT INTERNALLY UNTIL THEY MAKE SENSE

I TEND TO FAVOR:

- PHOTOGRAPHY, PAINTING, READING, SKETCHING, FILMS
- MUSIC, THE SOUND OF THE SEA, WIND CHIMES, CONCERTS
- BALL GAMES, WOODWORKING, MASSAGE, INTROSPECTION, TOUCHING

WHEN YOU BUY CLOTHING, AFTER FIRST SEEING IT, THE NEXT THING YOU DO

- TAKE ANOTHER GOOD LOOK AT IT, OR PICTURE YOURSELF WEARING IT
- LISTEN CLOSELY TO THE SALESPERSON AND/OR HAVE A CONVERSATION WITH MYSELF GIVING THE PROS AND CONS OF BUYING IT.
- GET A FEELING ABOUT IT AND/OR TOUCH IT TO SEE IF IT'S SOMETHING I'D ENJOY WEARING.

WHEN I THINK OF A FORMER LOVER, THE FIRST THING I DO IS:

- SEE THE PERSON IN MY MIND'S EYE
- HEAR HIS/HER VOICE IN MY MIND
- GET A CERTAIN FEELING ABOUT THE PERSON

WHEN YOU USE MATHEMATICS, YOU VERIFY YOUR ANSWER BY:

- LOOKING AT THE NUMBERS TO SEE IF THEY LOOK CORRECT
- COUNTING THE NUMBERS IN MY HEAD
- USING MY FINGERS TO GET A SENSE OF CORRECTION

WHEN YOU SPELL, YOU VERIFY ACCURACY BY:

- LOOKING AT THE WORD IN YOUR MIND'S EYE.
- SAYING THE WORD OUT LOUD OR HEARING IT IN YOUR MIND
- GETTING A FEELING ABOUT THE WAY THE WORD IS SPELLED

BEFORE GOING TO SLEEP AT NIGHT, IT'S IMPORTANT THAT:

- THE ROOM IS NEARLY DARK OR PLEASANTLY SHADED

___ THE ROOM IS HUSHED OR MUTED WITH PLEASING QUIET
___ THE BED FEELS VERY COMFORTABLE

PRESENT OCCUPATION _____ LIKE ___ DISLIKE _____
WHAT WOULD YOU RATHER DO? _____

PAST MEDICAL HISTORY
(Circle all that Apply)

CHILDHOOD PROBLEMS: MEASLES; MUMPS CHICKEN POX WHOOPING COUGH
SCARLET FEVER VACCINATIONS SMALL POX DIPHTHERIA POLIO TYPHOID
TYPHUS MALARIA PNEUMONIA DYSENTERY JAUNDICE DIABETES
RHEUMATIC FEVER TUBERCULOSIS ASTHMA ECZEMA HAY FEVER
ALLERGIES MIGRAINE HEART DISEASE HYPERTENSION ENURESI ALCOHOLISÍM
OBESITY EMACIATE THYROID WEIGHT (FLUCTUATE) ULCERS EPILEPSY
TONSILLITIS NERVOUS BREAKDOWN SERIOUS INFECTIONS SERIOUS FLU
MENSTRUAL PROBLEMS GONORRHEA SYPHILIS INSOMNIA SWEATING CANCER
BURNS, ACCIDENTS, OTHER PROBLEMS: _____

SURGERY AND/OR HOSPITALIZATION

HOW MANY? _____ OPERATION YEAR _____ AGE _____
OPERATION YEAR _____ AGE _____
OPERATION YEAR _____ AGE _____
ANESTHETIZED _____ REMARKS _____

FAMILY MEDICAL HISTORY

CANCER TB MENTAL DIABETES HEART DISEASE RHEUMATIC FEVER
ARTHRITIS OBESITY EPILEPSY ALLERGIES ALCOHOLISM
WHERE WAS CHILDHOOD SPENT _____

HAPPY OR UNHAPPY? WHAT WAS HAPPY AND WHAT WAS UNHAPPY?

CHILDHOOD HISTORY

NERVOUS HABITS BEFORE GOING TO SCHOOL SLEEPWALKING, NIGHTMARES,
FRIGHTENED REPEATEDLY ETC _____

SCHOOL: (HAPPY OR NOT, IF NOT WHY?) _____
(BRIGHT, AVERAGE, STUPID) _____

EDUCATIONAL LEVEL _____

TEACHERS (NAMES) AND RELATIONSHIP WITH YOU] _____

TRAUMATIC INCIDENTS (ACCIDENTS, DEATHS, ILLNESSES, HIGH FEVERS
OPERATIONS EMBARRASSING MOMENTS) _____

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FAMILY HISTORY

FATHERS NAME _____ AGE ____ HEALTH _____
OCCUPATION _____
WHAT SORT OF PERSON IS/WAS HE IN RELATION TO YOU) _____

NICKNAME _____
MOTHERS NAME _____ AGE ____ HEALTH _____
OCCUPATION _____
WHAT SORT OF PERSON IS/WAS SHE IN RELATION TO YOU?) _____

NICKNAME _____
FATHER AND MOTHER (RELATION BETWEEN THEM, FIGHTS, PHYSICAL, VERBAL,

STEP-PARENTS NAME _____

HEALTH INFORMATION. _____ RELATIONSHIP, RIVALRY, ETC _____
WHO DO YOU LOOK LIKE/ TAKE AFTER? _____

BROTHERS AND/OR SISTERS:

NAME	AGE	HEALTH
_____]]
_____]]
_____]]
_____]]

WHAT DO YOU KNOW ABOUT YOUR MOTHER'S PREGNANCY WITH YOU AT BIRTH

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IS THERE ANYTHING YOU WANT TO ADD THAT YOU THINK I SHOULD KNOW?

PRESENT HABITS

ALCOHOL _____ COFFEE _____ OTHER BEVERAGES _____ DRUGS _____ TOBACCO _____
MEALS REG? _____ BAL? _____ SLEEP _____ EXERCISE _____

NERVOUS HABITS

NAIL BITING _____ THUMB SUCKING _____ STUTTERING _____ HIVES _____ TICS, _____ TWITCHES _____
SNIFFLES _____ GRIND TEETH _____ SPEECH PROBLEMS _____ OTHER _____

WHAT DO YOU THINK PEOPLE SAY BEHIND YOUR BACK THAT YOU DON'T LIKE?

IF YOU COULD CHANGE ONE THING ABOUT YOURSELF WHAT WOULD IT BE?

HOW DO YOU SPEND YOUR TIME? _____
HOW WOULD YOU LIKE TO SPEND IT? _____

SPORTS PARTICIPATION _____

MUSICAL BACKGROUND _____

ATTITUDE TOWARD OPPOSITE SEX _____

ACTING EXPERIENCE _____

SOCIAL LIFE; FRIENDS; HOBBIES; INTERESTS; _____

HAVE YOU EVER THOUGHT ABOUT SUICIDE _____

HAVE YOU EVER ATTEMPTED SUICIDE, DESCRIBE _____

HAVE YOU EVER BEEN IN SERVICE (WHICH BRANCH, WHERE, SEEN ACTION? _____

HAVE YOU EVER BEEN ARRESTED? _____ HOW MANY TIMES? _____ CHARGES? _____

REDUCED FROM? _____ CONVICTED? _____ SENTENCES? _____ DATES,
ETC _____

HOW AND WHERE LIVING (WIFE, RELATIONS OR OWN) _____

HAS SPOUSE BEEN MARRIED BEFORE? _____ CHILDREN? _____
FOR WHAT REASON DID YOU GET MARRIED? (WAS THIS A FORCED MARRIAGE WITHOUT LOVE?) _____

WHEN DID MARITAL DIFFICULTIES OF A SERIOUS NATURE START? _____

HOW DO/DID YOU COMMUNICATE WITH SPOUSE? _____

WHAT SUBJECTS DO/DID YOU FIGHT ABOUT MOST? _____

HOW DO YOU WISH YOUR SPOUSE WOULD CHANGE? _____

WHAT WOULD YOUR SPOUSE LIKE TO SEE YOU CHANGE? _____

SEXUAL HISTORY
(CONFIDENTIAL)
(ANSWER HONESTLY AND COMPLETELY)

EARLY SEXUAL INCIDENTS (WITH CHILD, WITH ADULT, FEARS, THREATENED, CAUGHT PUNISHMENT, ETC.) _____

PUBERTY AGE _____ SOURCE OF SEX KNOWLEDGE _____

MASTURBATION (BEGAN _____ INCIDENT?) _____

FIRST INTERCOURSE? _____

HOMOSEXUAL INCIDENTS? _____

HAVE YOU EVER ENGAGED IN PROSTITUTION? _____

DO YOU CLIMAX REGULARILY? _____ HAVE FANTASIES? _____

IS YOUR SEX LIFE SATISFACTORY? _____

WHAT DO YOU FEEL IS WRONG? _____

DO YOU ENJOY ORAL SEX? _____ DO YOU PREFER IT PERFORMED ON YOU OR TO PERFORM IT ON YOUR PARTNER? _____

HAVE YOU HAD EXTRA MARITAL RELATIONS? _____

HAS SPOUSE HAD EXTRA MARITAL RELATIONS? _____

ANY PAINFUL INCIDENTS; RAPE, GROUPS, GUILT ETC.) _____

IMPOTENCE _____ FRIGIDITY _____ REMARKS _____

IS THERE ANY SEXUAL INCIDENT YOU HAVEN'T MENTIONED THAT YOU THINK I SHOULD KNOW? _____