

# Welcome to



Please PRINT CLEARLY and fill out the form COMPLETELY

## Client

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex: F M Age: \_\_\_\_\_ Relationship Status: Single Married Divorced Committed Partnership Widowed

Occupation \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email Address: \_\_\_\_\_

I authorize any representative of A New Day Hypnosis to leave a message regarding my schedule:  
on my home answering machine w/ family member \_\_\_\_\_ at work  
on my cell phone

## Payment of Services to A New Day Hypnosis

The person signing this agreement will be the responsible party for payment of services. Please provide their address and printed name, and indicate the relationship to the client--write "self" if you are the client.

I understand that I am responsible for any balance on the account and/or collection costs and legal fees incurred in any attempt to collect said balance.

### AUTHORIZED PERSON'S SIGNATURE

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Full Name \_\_\_\_\_ Relationship to client \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## PHYSICIAN:

Name of Primary Care Physician \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

May we share information with your Physician? YES NO \_\_\_\_\_

Your Signature

## REFERRAL SOURCE

How did you learn of our practice?

- |   |  |
|---|--|
| <input type="checkbox"/> citysearch.com   | <input type="checkbox"/> doctor/ friend referral _____ |
| <input type="checkbox"/> yahoo local      | <input type="checkbox"/> austin newcomer guide         |
| <input type="checkbox"/> google maps      | <input type="checkbox"/> craigslist.com                |
| <input type="checkbox"/> the yellow pages | <input type="checkbox"/> flyer                         |
| <input type="checkbox"/> yellowpages.com  | <input type="checkbox"/> drove by                      |
| <input type="checkbox"/> superpages.com   | <input type="checkbox"/> other (please specify) _____  |



Name \_\_\_\_\_ Today's Date \_\_\_\_\_ DOB \_\_\_\_\_

### **Anger Management Behavior Assessment**

- 1) How long have you suffered from difficulties managing your anger?
  - a) 1-5 years
  - b) 5-10 years
  - c) 10-20 years
  - d) As long as I can remember
  
- 2) Have other family members had problems with their anger?  
*(You may circle more than one)*
  - a) Mother
  - b) Father
  - c) Other Caregiver \_\_\_\_\_
  - d) Sibling
  
- 3) I think I need
  - a) a very structured, regimented program
  - b) a semi-structured program
  - c) give me the basics and I can figure it out
  - d) other (please describe) \_\_\_\_\_
  
- 4) The ideal amount of assistance you believe you need to work on this issue:
  - a) very little involvement, I can do this on my own for the most part
  - b) lots of assistance and attention, I often hit roadblocks and need support to get me back on track
  - c) a moderate amount of assistance, I'm able to maintain my behaviors for the most part, but need some help from time to time when things get tough.
  
- 5) To achieve good long-term outcome I need  
*(You may circle more than one):*
  - a) someone to keep me responsible by checking up on me each week
  - b) To learn how to become independent of external control
  - c) I would like a minimum of involvement from others

6) Briefly describe a typical day in your life with special attention to where and when your anger negatively affects your life.

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7) Are there any specific factors that make anger harder to manage?

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8) How many hypnosis sessions do you believe that you'll need to achieve good long-term outcome? \_\_\_\_\_

9) Please describe what happened the last time you committed to changing your behavior. How long did you stay involved with it?

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10) In hindsight, what caused you to stop trying?

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11) In what ways is this problem negatively affecting you in your life?

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How frequently do these thoughts pop into your mind?

Use the 5 point scale:

*0 – Never, 1 - Rarely, 2 - Sometimes , 3 - Frequently, 4 - All the time*

\_\_\_\_\_ I'm so weak

\_\_\_\_\_ I can't get started

\_\_\_\_\_ I wish I could have more respect for myself

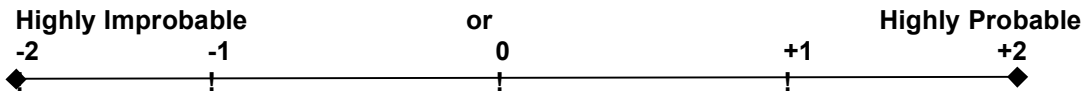
\_\_\_\_\_ Nothing feels good anymore

\_\_\_\_\_ I'm worthless

\_\_\_\_\_ There must be something wrong with me

- \_\_\_\_\_ I can't finish anything
- \_\_\_\_\_ I knew I could do it
- \_\_\_\_\_ I look forward to new challenges
- \_\_\_\_\_ I take it as it comes
- \_\_\_\_\_ I can handle the situation

**For next questions rate your answers as:**



- \_\_\_\_\_ I will carry through my responsibilities successfully
- \_\_\_\_\_ No matter how hard I try, things just won't turn out the way I would like
- \_\_\_\_\_ My motivation will decline over time and I will not stay the course
- \_\_\_\_\_ I will become demoralized and abandon this effort
- \_\_\_\_\_ I will do what it takes to achieve good long-term outcome.

12) In what way has this behavior benefited you up to now?

*(You may circle more than one)*

- a) gives me a sense of control
- b) calms me when it is over
- c) helps me get what I want
- d) helps to distract me from worry
- e) other \_\_\_\_\_
- f) all of the above

13) What has made you decide to change your behavior?

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## Anger Self-Assesment

*Please answer True or False to the following questions. If you do this behavior 80% of the time or more, your answer will be True. Otherwise, it will be False.*

- T F I've had problems on the job because of my temper.
- T F People say that I fly off the handle easily.
- T F I don't always show my anger, but when I do, look out.
- T F I still get angry when I think of the bad things people did to me in the past.
- T F I hate lines, and I especially hate waiting in line.
- T F I often find myself engaged in heated arguments with the people who are close to me.
- T F At times, I've felt angry enough to kill.
- T F When someone says or does something that upsets me, I don't usually say anything at the time, but later I spend a lot of time thinking of cutting replies I could and should have made.
- T F I find it very hard to forgive someone who has done me wrong.
- T F I get angry with myself when I lose control of my emotions.
- T F I get aggravated when people don't behave the way that they should.
- T F If I get really upset about something, I have a tendency to feel sick later (experiencing weak spells, headaches, stomach aches, upset stomach or diarrhea).
- T F When things don't go my way, I "lose it".
- T F I am apt to take frustration so badly that I cannot put it out of my mind.
- T F I've been so angry at times that I couldn't remember what I said or did.
- T F Sometimes I feel so hurt and alone that I've thought about committing suicide.
- T F After arguing with someone, I despise myself.
- T F When riled, I often blurt out things I later regret saying.
- T F Some people are afraid of my bad temper.
- T F When I get angry, frustrated, or hurt, I comfort myself by eating or using alcohol or other drugs.
- T F When someone hurts me, I want to get even.
- T F I've become so angry at times that I've become physically violent, hitting other people or breaking things.
- T F I sometimes lie awake at night thinking about the things that upset me during the day.
- T F People I've trusted have often let me down, leaving me feeling angry or betrayed.
- T F I'm an angry person. My temper has already caused lots of problems and I need help changing it.

*Hightower, Newton. Anger Busting 101: The New ABCs for Angry Men and the Women who Love Them. Houston: Bayou Publishing, 2002.*

# Visual, Auditory, and Kinesthetic Quiz

Read each statement carefully. To the left of each statement, write the number that best describes how each statement applies to you by using the following guide:

1	2	3	4	5
Almost Never Applies	Applies Once In A While	Sometimes Applies	Often Applies	Almost Always Applies

Answer honestly as there are no correct or incorrect answers. It is best if you do not think about each question too long, as this could lead you to the wrong conclusion.

Once you have completed all 36 statements (12 statements in three sections), total your score in the spaces provided.

## Section One - Visual

\_\_\_\_\_ 1. I take lots of notes and I like to doodle.

\_\_\_\_\_ 2. When talking to someone else I have the hardest time handling those who do not maintain good eye contact with me.

\_\_\_\_\_ 3. I make lists and notes because I remember things better if I write them down.

\_\_\_\_\_ 4. When reading a novel I pay a lot of attention to passages picturing the clothing, description, scenery, setting, etc.

\_\_\_\_\_ 5. I need to write down directions so that I may remember them.

\_\_\_\_\_ 6. I need to see the person I am talking to in order in order to keep my attention focused on the subject.

\_\_\_\_\_ 7. When meeting a person for the first time I notice the style of dress, visual characteristics, and neatness first.

\_\_\_\_\_ 8. When I am at a party, one of the things I love to do is stand back and "people-watch."

\_\_\_\_\_ 9. When recalling information I can see it in my mind and remember where I saw it.

\_\_\_\_\_ 10. If I had to explain a new procedure or technique, I would prefer to write it out.

\_\_\_\_\_ 11. With free time I am most likely to watch television or read.

\_\_\_\_\_ 12. If my boss has a message for me, I am most comfortable when she sends a memo.

Add up your total for \_\_\_\_\_ (note: the minimum is 12 and maximum is 60)

## **Section Two - Auditory**

- \_\_\_\_\_ 1. When I read, I read out loud or move my lips to hear the words in my head.
- \_\_\_\_\_ 2. When talking to someone else I have the hardest time handling those who do not talk back with me.
- \_\_\_\_\_ 3. I do not take a lot of notes but I still remember what was said. Taking notes distracts me from the speaker.
- \_\_\_\_\_ 4. When reading a novel I pay a lot of attention to passages involving conversations, talking, speaking, dialogues, etc.
- \_\_\_\_\_ 5. I like to talk to myself when solving a problem or writing.
- \_\_\_\_\_ 6. I can understand what a speaker says, even if I am not focused on the speaker.
- \_\_\_\_\_ 7. I remember things easier by repeating them again and again.
- \_\_\_\_\_ 8. When I am at a party, one of the things I love to do is talk in-depth about a subject that is important to me with a good conversationalist.
- \_\_\_\_\_ 9. I would rather receive information from the radio, rather than a newspaper.
- \_\_\_\_\_ 10. If I had to explain a new procedure or technique, I would prefer telling about it.
- \_\_\_\_\_ 11. With free time I am most likely to listen to music.
- \_\_\_\_\_ 12. If my boss has a message for me, I am most comfortable when she calls on the phone.

Add up your total for Auditory \_\_\_\_\_ (note: the minimum is 12 and maximum is 60)

## **Section Three - Kinesthetic**

- \_\_\_\_\_ 1. I am not good at reading or listening to directions. I would rather just start working on the task or project at hand.
- \_\_\_\_\_ 2. When talking to someone else I have the hardest time handling those who do not show any kind of emotional support.
- \_\_\_\_\_ 3. I take notes and doodle but I rarely go back a look at them.
- \_\_\_\_\_ 4. When reading a novel I pay a lot of attention to passages revealing feelings, moods, action, drama, etc.
- \_\_\_\_\_ 5. When I am reading, I move my lips.

\_\_\_\_\_ 6. I will exchange words and places and use my hands a lot when I can't remember the right thing to say.

\_\_\_\_\_ 7. My desk appears disorganized.

\_\_\_\_\_ 8. When I am at a party, one of the things I love to do is enjoy the activities such as dancing, games, and totally losing myself in the action.

\_\_\_\_\_ 9. I like to move around. I feel trapped when seated at a meeting or a desk.

\_\_\_\_\_ 10. If I had to explain a new procedure or technique, I would prefer actually demonstrating it.

\_\_\_\_\_ 11. With free time I am most likely to exercise.

\_\_\_\_\_ 12. If my boss has a message for me, I am most comfortable when she talks to me in person.

Add up your total for Kinesthetic \_\_\_\_\_ (note: the minimum is 12 and maximum is 60)

## SCORING PROCEDURES

Total each section and place the sum in the blocks below:

<b>VISUAL</b>	<b>AUDITORY</b>	<b>KINESTHETIC</b>
number of points: _____	number of points: _____	number of points: _____

The area in which you have the highest score represents your best learning style. Note that you learn in **ALL** three styles, but you normally learn best using one style.





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**Hypnotherapy Client Disclaimer**

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I fully understand that I am receiving behavior-change counseling and not psychotherapy; my counselor has expertise with behavior-change training and may not have expertise in the treatment of serious psychological disorders. If I do want therapy for a psychological disorder I will request that my counselor refer me to licensed clinician.

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Client Signature

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A New Day Hypnosis Representative

# *A New Day Hypnosis*



This form is provided in order you help you understand several important things about your professional relationship with your hypnotherapist and your rights as a client. Please read all of the information carefully. Feel free to ask questions about any item that you may not understand and sign the bottom of this form when you have read all the information.

## Confidentiality

What you say to your hypnotherapist will be held in strictest confidence. However, you should understand that there are certain circumstances and conditions under which the content of your sessions may no longer be confidential. Below is a list of some, but not all of the circumstances under which your hypnotherapist may be ethically and/or legally obligated to disclose information about you. Because circumstances vary from individual to individual, it is impossible to provide a complete list of all possible circumstances under which the content of your sessions may no longer be confidential. Please discuss any concerns you may have about confidentiality with your hypnotherapist.

- a) Your hypnotherapist is ethically and legally obligated to disclose information given in confidence if there is reason to believe that you may harm yourself or harm someone else.
- b) Your hypnotherapist is ethically and legally obligated to disclose information given in confidence if there is reason to believe that you are involved in or have knowledge of child abuse/neglect or abuse/neglect of an elderly or disabled person.

Despite the personal nature of the work that you and your hypnotherapist do together, it is important for you to understand that you and your hypnotherapist have a *professional* and not a *personal* relationship. In order for your hypnotherapist to maintain his or her professional objectivity, the interactions between you and he/she will be limited to scheduled sessions. Please do not invite your hypnotherapist to social gatherings, offer gifts, or ask your hypnotherapist to enter into a business relationship or relate to you in any way outside of your scheduled appointments. You will be best served if your relationship with your hypnotherapist remains strictly professional and concentrates exclusively on your concerns. If you meet your hypnotherapist in public or in a social situation, be aware of his/her ethical responsibilities and expect a short conversation.

As a client, you have some important responsibilities. Please attend all scheduled appointments and be on time. Please remember that once an appointment is made, your hypnotherapist has set time aside for you and it is your responsibility to cancel/reschedule your appointments within 24 hours of your scheduled time. If you fail to cancel or reschedule your appointment within 24 hours, you will be charged a 50.00/hr. fee.

*I, the client, have read and fully understand the information covered in this form.*

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Client Signature