

# 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) _____  |

# *A New Day Hypnosis*



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

## **Stress Management Assessment**

- 1) How long have you had difficulty with stress?
  - a) 1-5 years
  - b) 5-10 years
  - c) 10-20 years
  - d) As long as I can remember
  
- 2) What factors cause you stress?  
*(You may circle more than one)*
  - a) family issues
  - b) work concerns
  - c) financial worries
  - d) relationship issues
  - e) health concerns
  - f) all of the above
  - g) other: *please describe* \_\_\_\_\_
  
- 4) 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} \_\_\_\_\_
  
- 5) The ideal amount of assistance you believe you need:
  - 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.
  
- 6) 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
  - b) I would like a minimum of involvement from others

7) Briefly describe a typical day in your life with special attention to where and when you suffer from stress.

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

9) Have you ever taken measures to reduce your stress? What did you do?

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10) In hindsight, what caused you to begin deviating from your commitment?

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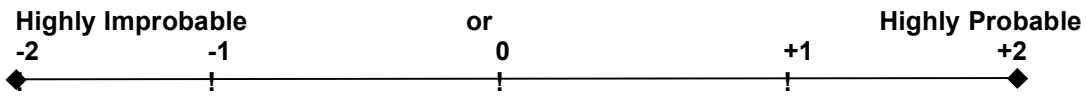
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How frequently do these thoughts pop into your mind?

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.

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

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# 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.

## Stress Management Self-Care List

Rate the following areas in frequency

- 4 = Frequently
- 3 = Occasionally
- 2 = Rarely
- 1 = Never
- 0 = It never occurred to me

### Physical Self-Care

- 1) Eat regularly (breakfast, lunch, dinner)
- 2) Eat healthily
- 3) Exercise regularly
- 4) Get regular medical care for prevention
- 5) Take time off when sick
- 6) Get massages
- 7) Dance, swim, walk, run play sports, sing or do some other physical activity that is fun
- 8) Take time to be sexual
- 9) Get enough sleep
- 10) Wear clothes you like
- 11) Take vacations
- 12) Take day trips or mini vacations
- 13) Make time away from cell phones, email , other personal communication devices
- 14) Take a hot bath
- 15) Sit in the sun for 15 minutes

Add up your total for *Physical Self-Care* \_\_\_\_\_ (note: the maximum is 60)

### Psychological Self-Care

- 1) Make time for self reflection
- 2) Write in journal
- 3) Read literature that is unrelated to work or school
- 4) Do something at which you are not expert or in charge
- 5) Decrease stress in your life
- 6) Notice your inner experiences- listen to your thoughts, judgments, beliefs attitudes and feelings
- 7) Let others know different aspects of you
- 8) Engage your intelligence in a new area
- 9) Practice receiving from others
- 10) Take time to think about improvements that you will make in your life
- 11) Say no to extra responsibilities
- 12) Write a letter
- 13) Make a list of short-term and long-term goals
- 14) Read a magazine article
- 15) Write an email to a friend

Add up your total for *Psychological Self-Care* \_\_\_\_\_ (note: the maximum is 60)



## **Emotional Self-Care**

- 1) Spend time with others whose company you enjoy
- 2) Stay in contact with important people in your life
- 3) Give yourself affirmations and validation
- 4) Love yourself
- 5) Reread favorite books, re-view favorite movies
- 6) Identify comforting activities, objects, people, relationships, places and seek them out
- 7) Allow yourself to cry
- 8) Find things that make you laugh
- 9) Express your outrage in social action, letters, donations, marches, protests
- 10) Play with children
- 11) Schedule regular time with the people that you love
- 12) Spend time in scenic areas
- 13) Go for walks
- 14) Exercise Regularly
- 15) Ask for a hug or hug someone

Add up your total for *Emotional Self-Care* \_\_\_\_\_ (note: the maximum is 60)

## **Spiritual Self-Care**

- 1) Make time for reflection
- 2) Spend time with nature
- 3) Find a spiritual connection or community
- 4) Be open to inspiration
- 5) Cherish your optimism and hope
- 6) Be aware of nonmaterial aspects of life
- 7) Try at times to not be in charge or expert
- 8) Be open to not knowing
- 9) Identify what is meaningful to you and notice its place in your life
- 10) Meditate
- 11) Pray
- 12) Have experiences of awe
- 13) Contribute to causes in which you believe
- 14) Read inspirational literature (talks, music, etc.)
- 15) Do something of service for another person or group

Add up your total for *Spiritual Self-Care* \_\_\_\_\_ (note: the maximum is 60)

## Workplace or Professional Self-Care

- 1) Take regular breaks during the workday (not including lunch)
- 2) Take time to talk with co-workers
- 3) Make quiet time to complete tasks
- 4) Identify projects or tasks that are exciting and rewarding
- 5) Set limits with colleagues
- 6) Balance your day so that no part of it is “too much”
- 7) Set a reasonable “To Do” list (no more than 10 actionable items per day)
- 8) Take an hour long lunch break
- 9) Eat in a break room or secluded area away from the desk
- 10) Work no more than 8 hours per day
- 11) Drink water during the day
- 12) Listen to music that you enjoy during work
- 13) Send calls to voicemail while working on a project
- 14) Decorate your office space in a way that is pleasing to you
- 15) Squeeze a stress ball

Add up your total for *Workplace Self-Care* \_\_\_\_\_ (note: the maximum is 60)

## SCORING PROCEDURES

Total each section and place the sum below:

Physical Self-Care: (number of points \_\_\_\_\_ )

Psychological Self-Care: (number of points \_\_\_\_\_ )

Emotional Self-Care: (number of points \_\_\_\_\_ )

Spiritual Self-Care: (number of points \_\_\_\_\_ )

Professional Self-Care: (number of points \_\_\_\_\_ )

TOTAL POINTS: \_\_\_\_\_ / (300 possible points) = \_\_\_\_\_ %



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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