**Alpha Hypnosis Weight Loss Intake Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Weight\_\_\_\_\_\_\_\_\_\_ Size\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Desired Weight\_\_\_\_\_\_\_\_\_\_ Size\_\_\_\_\_\_\_\_\_\_

When do you eat Meals & Snacks: M or S with times (example – Breakfast M/7:30 am)

Breakfast \_\_\_\_\_\_/\_\_\_\_\_:\_\_\_\_\_\_\_ Mid-morning \_\_\_\_\_\_/\_\_\_\_\_:\_\_\_\_\_\_\_\_

Lunch \_\_\_\_\_\_/\_\_\_\_\_:\_\_\_\_\_\_\_ Afternoon \_\_\_\_\_\_/\_\_\_\_\_:\_\_\_\_\_\_\_\_

Dinner \_\_\_\_\_\_/\_\_\_\_\_:\_\_\_\_\_\_\_ Evening \_\_\_\_\_\_/\_\_\_\_\_:\_\_\_\_\_\_\_\_

Late Night \_\_\_\_\_\_/\_\_\_\_\_:\_\_\_\_\_\_\_ Other \_\_\_\_\_\_/\_\_\_\_\_:\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Types of food problems: (list any specific items)

Sweets \_\_\_\_Y\_\_\_\_N\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starches \_\_\_\_Y\_\_\_\_N\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Red Meat \_\_\_\_Y\_\_\_\_N\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fast Food \_\_\_\_Y\_\_\_\_N\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fried Food \_\_\_\_Y\_\_\_\_N\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_Y\_\_\_\_N\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water: ounces per day \_\_\_\_\_\_\_ Alcoholic drinks: # per week \_\_\_\_\_\_\_ Sodas: # per day \_\_\_\_\_\_\_

Habits/Challenges:

Always finish plate \_\_\_\_Y\_\_\_\_N Trouble throwing away food \_\_\_\_Y\_\_\_\_N

Binge Eating \_\_\_\_Y\_\_\_\_N (sweets/meal/or other) Eat too fast \_\_\_\_Y\_\_\_\_N

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Weight Problems (parents/siblings/children) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical reasons (thyroid, Syndrome X, diabetes, IBS, acid reflux, other)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exercise currently \_\_\_\_Y\_\_\_\_N desired time \_\_\_\_\_\_\_morning \_\_\_\_\_\_\_evening \_\_\_\_\_\_\_other

Exercise machines available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pool \_\_\_\_Y\_\_\_\_N

Walking/running (circle) Gym\_\_\_\_Y\_\_\_\_N Videos \_\_\_\_Y\_\_\_\_N Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why/Visualizations: (circle any you can think of that would motivate you to make the positive choice. How will life be different for you at your ideal weight & shape).

Walking on the beach with a friend/spouse & looking good, hearing friends’ comments, getting “good health” report from the doctor, shopping, wearing clothes you’ve saved that used to fit, bending over, picking up/playing with kids/grandkids, other:

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Spiritual: Many scripts mention God or Bible or have generic spiritual references. I can customize or leave out completely. \_\_\_\_\_OK w/spiritual references \_\_\_\_\_OK with generic \_\_\_\_\_Leave out

Emotional Eating: (do you eat when you are…give examples)

Stressed \_\_\_\_Y\_\_\_\_N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Happy \_\_\_\_Y\_\_\_\_N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sad \_\_\_\_Y\_\_\_\_N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lonely \_\_\_\_Y\_\_\_\_N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bored \_\_\_\_Y\_\_\_\_N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you eat for a:

Reward \_\_\_\_Y\_\_\_\_N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Possible psychological contributors:

Mental abuse (teased, mental cruelty, etc…):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Physical abuse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Sexual abuse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe eating habits and other concerns (sleeping, stress, self image, etc…): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Alpha Hypnosis Information Sheet

5/2015