Alpha Hypnosis

at Shambhala Wellness

215-217 E. University

Denton Tx 76209

940.390.4219

[alphahypnosisdenton@gmail.com](mailto:alphahypnosisdenton@gmail.com)

Hypnosis/EFT Intake Questionnaire

Date: \_\_\_/\_\_\_/20\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_\_\_

Age: \_\_\_\_ Sex: M\_\_ F\_\_ Phone #: C \_ \_ \_ . \_ \_ \_ . \_ \_ \_ \_ H \_ \_ \_ . \_ \_ \_ . \_ \_ \_ \_

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

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

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

Marital status: \_\_\_\_\_\_\_\_\_\_\_\_\_ Name of spouse/partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and ages of children\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What do you wish to accomplish with your visits here? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How did you hear about Alpha Hypnosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you suffer from any of the following?

Nervousness \_\_\_\_\_\_\_ Inability to relax \_\_\_\_\_\_\_ Sleeplessness \_\_\_\_\_ Bed wetting \_\_\_\_\_\_\_\_\_

Sexual dysfunction \_\_\_\_\_ Compulsive issues \_\_\_\_\_ Nail biting \_\_\_\_\_\_\_\_ Nightmares \_\_\_\_\_\_\_\_\_

Childhood trauma \_\_\_\_\_ Fear of heights \_\_\_\_\_\_\_\_ Poor self-esteem \_\_\_\_ Poor health \_\_\_\_\_\_\_\_\_

Cigarette smoking \_\_\_\_\_ Alcohol abuse \_\_\_\_\_\_\_\_\_ Drug abuse \_\_\_\_\_\_\_\_ Depression \_\_\_\_\_\_\_\_\_

Eating disorder \_\_\_\_\_\_\_ Codependency \_\_\_\_\_\_\_\_ Focus/attention \_\_\_\_\_ Abusive situation \_\_\_\_

Memory issues \_\_\_\_\_\_\_ Marital/relational \_\_\_\_\_\_ PTSD \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chronic illness \_\_\_\_\_\_\_

Teeth grinding \_\_\_\_\_\_\_ Energy issues \_\_\_\_\_\_\_\_\_\_ Recent loss \_\_\_\_\_\_\_\_\_ Success issues \_\_\_\_\_\_\_

Any other issues \_\_\_\_ Explain any issues if necessary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(Please fill out other side)**

**HYPNOSIS/EFT/COACHING CONSENT AND RELEASE**

**I hereby agree, voluntarily and freely, to undergo hypnosis. I further release Bill Barnhill’s Alpha Hypnosis business, its employees and agents, from any and all claims of injuries, harmful effects, and all other consequences, whether or not presently know to me, which may result from this procedure at this time and any future time that I elect to undergo hypnosis/coaching through this organization. Coaching might include EFT (Emotional Freedom Technique). I further understand that Bill Barnhill’s Alpha Hypnosis business makes no guarantees since it is impossible to guarantee human behavior.**

**I do declare that I have read this consent and release, and that I fully understand its terms.**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Must be signed by parent or legal guardian for minors)**

**For reinforcement purposes, an MP3 file is created and will be created for most every hypnosis session but if you want a copy you must provide your own flash drive, purchase one here for $5, or bring your android phone with your data cable with a usb plug-in.**

**WARNING!! Do NOT use in a moving vehicle!! \_\_\_\_\_\_\_\_\_\_\_\_\_ Initial here!!**

**Have you ever experienced or been involved in any of the following?**

Hypnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Biofeedback \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pain Management\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relaxation Techniques\_\_\_\_\_\_\_\_\_\_ Self-hypnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Self-hypnosis tapes\_\_\_\_\_\_\_\_\_\_\_\_\_

Lamaze childbirth\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Silva Mind Control Courses\_\_\_\_\_\_\_\_\_ Hypnobirthing®\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please read over the following and note your reactions to them by marking a “P” for PLEASING, “U” for UNPLEASANT. Leave Blank for NEUTRAL.**

**\_\_\_ Cold weather/snow \_\_\_Beach \_\_\_Fire (campfires,fireplace) \_\_\_Meadows \_\_\_Mountains**

**\_\_\_Rain, thunder,lightening \_\_\_Children \_\_\_Woods \_\_\_Pets \_\_\_Caves \_\_\_Cloud gazing**

**\_\_\_Desert \_\_\_Sports \_\_\_Nature \_\_\_Darkness \_\_\_Dancing \_\_\_Solitude \_\_\_Daydreaming**

**\_\_\_Spiritual Pursuits \_\_\_Crowds \_\_\_Heights \_\_\_Swimming \_\_\_Fishing \_\_\_Water**

**(lakes,ponds,rivers)**

**Type of music you enjoy, if any\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What relaxes you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE USE ONLY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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