

Body Kneadz Therapeutic Massage & Wellness Center LLC

INTAKE QUESTIONNAIRE: ELIZABETH KENNEDY Certified Hypnotherapist

Note: All information will be kept confidential except what we are legally obliged to report such as: threat to self or others. If you are uncomfortable with any of these questions, feel free to skip them, but be aware that the more you tell me about yourself, the more I may be of assistance to you. Feel free to use the back of the questionnaire to go into detail about anything you wish for me to know about you, or to help you with. It is my honor to assist you.

Name _____ Date of Birth _____ Sex _____

Address _____ City _____ State _____ Zip Code _____

Daytime Phone _____ Evening Phone _____

Email: _____

Personal Status: _____ Married _____ Single _____ Divorced _____ Widowed

_____ Gay _____ Lesbian _____ Bi-Sexual _____ Other _____ Alternative Lifestyle

Names and Ages of Children _____

Name of Partner _____

1. List your three favorite colors in order of preference _____
2. List your three favorite places in order of preference:

3. On a vacation do you prefer relaxation or excitement? _____
4. List any fears/phobias _____
5. Do you experience any compulsive tendencies? _____
6. List any current health problems: _____
- 6.A Are you being treated by a physician? _____ Yes _____ No
If yes, for what? _____
- 6.B Are you being treated by a psychologist/psychiatrist/social worker? _____ Yes _____ No
If yes, for what? _____
7. List any medications you are currently taking:

- 7.B Please list any herbs and vitamins you regularly ingest:

8. Please list your three most important life-time goals:

9. Please list your three favorite past-times/hobbies:

10. What is your current occupation?

11. Do you enjoy your work? _____

12. Please list things that you like to do but that you want to be better at: _____

13. If you could be, do, have, or become anything, what would you wish for?

14. Why are you seeking hypnotherapy? _____

15. How did you hear about this office? _____

16. Are you currently experiencing any of the following: (*Please check all that apply*)

- nervousness inability to relax sleeplessness depression
 sexual dysfunction compulsive tendencies nail biting OCD(*describe*)
 teeth grinding nightmares poor health cigarette smoking
 alcohol abuse drug abuse compulsive overeating physical self-abuse
 serious eating disorder codependency inability to focus attention
 poor memory marital problems recent divorce war trauma
 current illness or death of a loved one childhood trauma fear of heights
 lack of energy poor self-esteem abusive home situation ADDorADHD
 abusive work situation lack of success other: _____

17. Do you follow any religious or meditative practices? (*If so, please describe*)

18. Please list any other conditions occurring in your life that you believe are negatively effecting you in any way. _____

19. Please use additional paper to tell me specifics of your needs/concerns, if necessary.

(*Page 4 provided for additional information purposes*)

Release Statement: I hereby authorize Elizabeth Kennedy to hypnotize me for the purposes outlined in this intake form, and for future purposes that I may request. I understand that the success of my hypnosis therapy depends greatly on my ability to relax and desire to create change in myself. I understand that because the results of my sessions depend greatly upon my own serious participation that Elizabeth Kennedy cannot offer any guarantee of the success of my treatment. I am aware however, that Elizabeth Kennedy will do everything reasonably in her power to ensure my success.

Signature

Date

CHECKLIST FOR DISCOVERING LEARNING CHANNELS

(Please circle the number of any item that seems like something that fits your nature)

AUDITORY LEARNING CHANNEL INDICATIONS

1. Prefers to have someone else read instructions when putting a model together.
2. Reviews for a test by reading notes aloud or by talking with others.
3. Talks aloud when working a math problem.
4. Prefers listening to a cassette over reading the same material.
5. Commits zip code to memory by saying it.
6. Uses rhyming words to remember names.
7. Plans the upcoming week by talking it through with someone.
8. Prefers oral instructions from an employer.
9. Likes to stop at a service station for directions in a strange city.
10. Prefers talking/listening games.
11. Keeps up on news by listening to the radio.
12. Able to concentrate deeply on what another person is saying.
13. Uses free time for talking with others.
14. Sings or plays a musical instrument well.

VISUAL LEARNING CHANNEL INDICATORS

1. Likes to keep written records.
2. Typically reads billboards while driving or riding.
3. Puts model together correctly using written directions.
4. Follows written recipes easily when cooking.
5. Reviews for a test by writing a summary.
6. Writes on napkins in a restaurant.
7. Can put a bicycle together from a mail-order house.
8. Commits a zip code to memory by writing it.
9. Uses visual images to remember names.
10. Loves to read books.
11. Plans the upcoming week by making a list.
12. Prefers written directions from an employer.
13. Prefers to get a map and find own way in a strange city.
14. Prefers reading/writing games like SCRABBLE.

STRONG IN TOUCH/MOVEMENT (KINESTHETIC) CHANNEL

1. Likes to build things.
2. Uses sense of touch to put a model together.
3. Can distinguish items by touch when blindfolded.
4. Learns touch system rapidly in typing.
5. Moves with music.
6. Doodles and draws on any available paper.
7. An out-of doors person.
8. Moves easily; well coordinated.
9. Spends a large amount of time on crafts and handwork.
10. Likes to feel texture of drapes and furniture.
11. Prefers movement games to games where one just sits (*if age appropriate*)
12. Finds it fairly easy to keep physically fit.
13. One of the fastest in a group to learn a new physical skill.
14. Uses free time for physical activities.

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