



# NY Hypnosis and Healing Center

## Intake Interview Form

**Confidentiality:** When received, all information on this questionnaire will be kept strictly confidential.

**Submit this form OnLine to speed the processing of information.**  
On completion, click on the <Submit> button at the bottom of the form.

### Identifying Data

Name			
Number and Street			
City		State	Zip
Date of Birth	Format as: Mo/Da/YYRR	Gender	Male    Female
Occupation			
Daytime Phone		Evening Phone	
E-mail <span style="color: red;">(required)</span>	Submit e-mail address which you would like us to use to contact you.		
Cell Phone			

### Family Information

Marital Status	Married:	Single:	Widowed/Widower:	Divorced:
Spouse Name				

Children	<i>Format: Type in Names and Ages of Children. Marital Status (if appropriate)</i>
Grandchildren	<i>Format: Type in Names and Ages of Grandchildren. Marital Status (if appropriate)</i>
Siblings	<i>Format: Type in Names and Ages of Siblings. Marital Status (if appropriate)</i>
Parents	<i>Format: Type in Names and Ages of Parents. Marital Status (if appropriate)</i>
Pets	<i>Format: Type in Names and Breeds of pets</i>

## About you

1. List three Favorite Places	
2. List Fears or Phobias	
3. List any compulsive tendencies	
4. List current health problems	
5. List all medications you are now using	
6. List your three most important lifetime goals	
7. List your three past-time/hobbies	
8. What is your current occupation?	

9. Do you enjoy your work? What do you enjoy about It?	
10. List things you like to do. Are there any you would like to do better?	
11. If you could be, do, have or become anything — what would you wish for?	
12. Why are you seeking Hypnosis?	
13. How did you hear about this office?	

14. What is your Favorite Number (from 1 to 9)?	
15. Name your three Favorite Colors.	

Instructions: Please check off characteristics that relate to your behavior.					
Visual		Auditory		Kinesthetic	
1v. Likes to keep written records.		1a. Prefers having other person read instructions to put a model together.		1k. Likes to build things	
2v. Typically reads billboards while driving		2a. Reviews for a test by reading notes aloud		2k. Uses sense of touch to put a model together	
3v. Puts model together correctly using written directions.		3a. Talks aloud while working a math problem.		3k. Can distinguish items by touch when blindfolded	
4v. Follows written recipe easily when cooking.		4a. Prefers listening to a CD over reading a book		4k. Learns touch system rapidly when typing	

5v. Writes on napkins in restaurants.		5a. Commits zip code to memory by repeating it		5k. Moves with music	
6v. Can build a bicycle with only written directions		6a. Uses rhyming words to remember names		6k. Doodles & draws on any available paper	
7v. Review for a test by writing a summary		a7. Plans the upcoming week by talking with someone		7k. An outdoors person	
8v. Commits a zip code to memory by writing it.		8a. Talks to self		8k. Moves easily, coordinated	
9v. Uses visual image to remember names		9a. Prefers oral directions from employer		9k. Spends large amount of time on crafts	
10v. A bookworm		10a. Stops at a service station for directions		10k. Likes to feel texture of clothes & furniture	
11v. Plans the upcoming week by making a list.		11a. Prefers talk/ listening games		11k. Prefers action activities	
12v. Prefers written directions from employer		12a. Keeps up news by listening to the radio.		12k. Finds it very easy to keep fit physically	
13v. Prefers to get a map & find own way in strange city		13a. Able to concentrate deeply on what another is saying		13k. Fastest in the group to learn a new physical skill	
14v. Prefers games like Scrabble		14a. Uses free time while talking with others		14k. Uses free time for physical activities	

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