



Mindy Ash Hypnosis Centers  
Helping You to a Better Life!

**Please print clearly. Please bring to your appointment with you.**

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Marital Status: \_\_\_\_\_ Sex: \_\_\_\_\_ College Degree: \_\_\_\_\_

Occupation: \_\_\_\_\_

Weight \_\_      Desired Weight      How did you hear about us?

**Please circle the number that reflects how you feel about the following statements**

	Not at all	Somewhat	Above Average	High / or strongly agree
I have high self-esteem / self-confidence	1	2	3	4 5 6 7 8 9 10
My stress level is	1	2	3	4 5 6 7 8 9 10
I am satisfied with my weight	1	2	3	4 5 6 7 8 9 10
I am satisfied with my income	1	2	3	4 5 6 7 8 9 10
I am satisfied with my life	1	2	3	4 5 6 7 8 9 10
I am interested in a healthy, life-style change	1	2	3	4 5 6 7 8 9 10
I set goals	1	2	3	4 5 6 7 8 9 10
I procrastinate	1	2	3	4 5 6 7 8 9 10
I become angry often	1	2	3	4 5 6 7 8 9 10
I have panic or anxiety attacks	1	2	3	4 5 6 7 8 9 10
I am a positive minded person	1	2	3	4 5 6 7 8 9 10

If possible, please weight yourself the morning of your first session.

Current Weight \_\_\_\_\_ Desired Weight \_\_\_\_\_



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Hypnosis can help you improve the quality of your life. Please circle the areas that you would like to discuss changing.

Improve Confidence

Lower Anxiety and Stress

Become Healthier Physically

Make More Money

End Procrastination

Change Limiting Beliefs and Negative Self-talk

Other\_\_

Please Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please come in clear -headed and substance-free.**