

Online Hypnotherapy – Treatment Plan Questionnaire

This questionnaire will help identify to what extent various areas of your life have imbalances and are in need of work, enabling you and your therapist to use this information for inner healing and realization of your full potential.

Please try to answer the question in complete sentences rather than just one or two words. The longer your answers and the more details you give me, the better I can help you.

All information is treated in the strictest confidence.

Name

Section 1

How strongly do you assert yourself in having a) your needs, and b) your desires met? (Do you err on the side of over or under assertiveness?)

a) Needs

b) Desires

Has anything angered you lately?

Do you have any problems with your head, such as headaches?

Do you have any vision problems (including the need for corrective lenses or glasses)?

Section 2

How would you describe the state of your finances?

To what extent do you experience a financial struggle?

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Do you have high or low self worth?

Do you have any problems with hearing, the ears, neck or throat?

Section 3

To what extent is your mental life stimulating or lacking in stimulation?

Have you been confused or bored lately? (Assess over or under stimulation?)

How successful are your communication skills?

Have you had any misunderstandings lately?

Do you have any problems with your sinuses or breathing?

Section 4

To what extent are you involved with home and family?

Do you have any problems with the home or family?

Do you feel emotionally secure or insecure?

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Do you have any stomach or digestion problems?

Section 5

Do you have any creative outlets or hobbies?

What forms of entertainment do you enjoy? (Assess to what extent creative self-expression is, or is not, happening)

How are your relationships with children?

What is your circulation like?

How is your heart?

Section 6

Regarding practical responsibilities, to what extent do you think you are on top of things or behind a) at work and b) in your personal life? (Assess to what extent you are strong or deficient in these areas)

a) Work

b) Personal Life

Have you had a critical attitude toward a person or situation lately?

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Have you had any intestinal or assimilation problems?

Section 7

Are you in a primary relationship? If so, what is it like?

Do you have any relationship problems? (Assess any relationship problems, including any related to the lack of a primary relationship)

To what extent is your feeling good about yourself linked to another person's liking, loving or needing you?

Have you had any aches or pains in your back in recent times?

Section 8

What is the state of your joint financial resources with a partner or business?

To what extent is your sex life fulfilling or not fulfilling?

Any problems with elimination or with the pelvic organs?

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Section 9

To what extent do you find your spiritual or philosophical pursuits fulfilling or lacking?

To what extent is there a sense of meaning or, by contrast, emptiness?

What is the condition of your hips and thighs?

Section 10

To what extent do you experience fulfillment or lack of fulfillment in your current vocation or career?

To what extent do you fear or defer to authority figures as opposed to operating from your own power and authority?

Have you had any problems with your teeth or bones?

Section 11

Do you have many, or few, friends? (Do not include the "occasional" acquaintance).

Are you involved in any groups or organizations?

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How do you respond to peer pressure?

Do you conform or rebel?

Do you have any problems with your nervous system, ankles or shins?

Section 12

In times of stress, do you do anything to withdraw or divert yourself? If so, what?

Do you have any detrimental habits? (Assess to what extent you are engaging in escapist activity)

How is your immunity to sickness?

Do you have any problems with your feet?