Anamnesis sheet for hypnosis treatments

A) Personal Data

A.1) Name, Firstname:

A.2) Address:

A.3) Birthday:

A.4) Phone:

A.5) E-Mail:

B) Treatment objectives

B.1) Reason of the visit:

B.2) Main objective of the hypnosis treatment:

B.3) Additional objectives of the hypnosis treatment (if any):

B.4) Since when is the topic to be treated?

B.5) How exactly is the expression?

B.6) Are there any factors that increase or decrease the problem (stress, relaxation, certain events)?

B.7) Do any persons influence the treatment topic (partner, colleague, boss, family)?

C) Health situation:

C.1) Are there any other current health or emotional problems or special health situations (eg pregnancy)?

C.2) Are medications currently being taken (please specify all – including homeopathic treatment)?

C.3) How are they tolerated?

C.4) Are side effects known?

C.5) Have you ever attended psychotherapy for some reason?

C.6) If so, why and what where the results?

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C.7) Was another therapy specifically recommended or carried out for the topic to be treated?

C.8) How were the results?

C.9) Are similar problems known in your family?

C.10) Do mental illnesses exist in the family or are other diseases particularly common in your family?

C.11) Do you have any known allergies or intolerances?

D) Habits

D.1) Do you smoke - if so, how many cigarettes a day?

D.2) Do you drink alcohol - if so, how often and how much?

D.3) Do you take drugs or did you take drugs in the past?

D.4) On a scale of 0-10 (0 is the minimum, 10 the maximum), please rate your current general stress level and name the main causes of stress, if any.

D.5) Do you do sports regularly - if yes, which sport and how often?

D.6) What are your typical bedtime/sleeping hours?

D.7) Are you coping well with these?

D.8) How do you eat (regularly / healthy / balanced)?

D.9) Are you getting enough light / sun? (possibly seasonal depression in winter time or office workers?)

D.10) Are you in a relationship?

D.11) Are there any current crises or dissatisfactions there or in the general family?

E) **Questions about hypnosis**

E.1) Have you ever been hypnotized? If so, how was that, how did the colleague proceed?

E.2) Do you have any knowledge of a therapy or coaching method or in a meditative application (NLP, mental training, self-hypnosis, yoga, etc.) and thus possibly even trance experience?

E.3) Are you already aware of a course of hypnosis treatment and do you know what to look for yourself? (see information sheet for new clients)

E.4) How do you imagine a hypnosis treatment based on your current knowledge?

E.5) Is there anything the practitioner should pay particular attention to (should he do something or should he avoid something)?

E.6) Other comments and agreements:

Hereby, I confirm the accuracy of the above information and am aware that misstatements may affect the effectiveness of hypnosis treatment. I understand that no cure is promised and no medical treatment is substituted.

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Signature client Signature practitioner

Date:

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