

Hypnotherapy Intake Form - Stop Smoking

1a) Are you ready to stop smoking, right now, and for the rest of your life?

Or is there a better time in the next few weeks or months?

Starting on what date exactly? _____ / _____ / _____

1b) Why is this the right time to finally gain freedom from smoking?

1c) How has smoking become significant recently? How do you feel about it?

1d) What type of smoking do you want to stop? (*e.g. cigarettes, vaping e-cigarettes, cigar, hookah, other tobacco devices or products.*)

2a) Can you make stop smoking your priority for the next 28 days?

2b) Can you attend one initial call, and then three personal sessions, once a week for three weeks?

2c) Can you listen to hypnosis audios four times per week for the next four weeks?

3a) Are there other issues you want to work on as well?

Do they relate to emotional blocks, or limiting beliefs, or other behaviors?

Do they relate to your personal or professional life?

Do they relate your relationship with yourself or others, food or drink, or other?

Do you have specific physical health issues, current or anticipated?

Do you have issues with anxiety, anger, depression, insomnia, weight or others?

3a) Or do you feel these issues are serious and primary, so it's best to address some root cause issues prior to stopping smoking?

3b) Do you feel these issues are secondary to your core issue of deciding to stop smoking? *(So we can refer to them as they influence smoking, but we don't need to go deep into them. Then, once you succeed in stopping, you will see benefits flow in to many other areas of your life.)*

4a) Have you experienced hypnosis?
Do you feel you were hypnotized?
How did you know you were hypnotized?

4b) Have you experienced hypnotherapy?

Was it for stopping smoking? If so, how many sessions, and what outcomes?

If it was for other issues, what were they, and what were the outcomes?

5) What other methods, if any, have you used to try to stopping smoking?

6a) What personal resources can help you gain freedom from smoking?
Have you had success in the past with breaking other old habits, or moving on from other old but now outdated bonds or relationships?

6b) What personal blocks might come up that have so far limited your ability to gain freedom from smoking? Do these have root causes you know of?

7a) Once you stop the old outdated behaviors of smoking, what new behaviors could you do instead?

7b) What old outdated patterns of emotion and thoughts could you change?

7c) What new patterns of emotion and thoughts could you experience instead?

8a) What are the top three negative effects of smoking will you become free of?

8b) What are the top three benefits you will gain by stopping smoking?

9a) Once you gain freedom from smoking, how will these benefits compound; over the next three months?

over the next three years?

over the next decades?

How would it feel to get all these benefits?

9b) If you don't gain freedom from smoking, what could be the consequences; in three years?

in the next decades?

How would that feel?

10) What message could you give to, or receive from, your wise subconscious mind?

11) For Online Sessions; Do you have, or can you get, a) a headset with an inbuilt microphone, b) a camera that captures your face and upper body, c) a solid device and wifi that's stable for 90+ minutes? These are all required.

12) Do you have any questions?