



the flow center  
HYPNOSIS. LIFE FLOWS AGAIN.

## IMPOTENCE QUESTIONNAIRE

Date \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone – do you accept text messages? \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

Emergency Contact (name/number) \_\_\_\_\_

Your occupation \_\_\_\_\_

Have you been hypnotized before? If so, what for? \_\_\_\_\_

Name of referring physician/may I discuss your case with your doctor?  
\_\_\_\_\_

1. How do you know you are experiencing impotence?
2. Have you seen a medical doctor? What did the doctor say to you?
3. Have you been checked for diabetes? Is there a history of diabetes in your family?
4. What medications/treatments are you using/were you using?
5. What other medical problems have you experienced in the past?
6. Have you had any stressful events occur within the last 3 years, 5 years 10 years?
7. What does this mean to you that you are experiencing this difficulty?
8. What will it mean for you once you come through this experience?