



the flow center
HYPNOSIS. LIFE FLOWS AGAIN.

DEPENDENCY PROGRAM QUESTIONNAIRE

I understand all of the information will be held in the strictest confidence.

Date _____

Email _____
(may I send you a newsletter? Y/N)

Name _____

Address _____

City _____ St _____ Zip _____

Main Phone _____ DOB _____

How did you hear about me? _____

Emergency Contact: (name and number) _____

Single / Married / Partnership / Widowed / Separated / Divorced

Your Occupation: _____ Employed by: _____

Have you been hypnotized before? If yes for what? _____

Name of primary physician _____ phone _____

Is it OK to send him/her a letter stating you are using hypnosis? Yes/No

Please list any medications you are taking and what they are addressing _____

Tell me how we can help you today:

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Valerie Grimes, CCHt | 972-974-2094
5310 Harvest Hill Rd #266 | Dallas, TX | 75230

Disclaimer: We are not a treatment center and are not licensed to treat or advise you medically. We offer hypnosis services and teach self-hypnosis, refer to Disclosure Statement.



(1) How much do you drink on a daily basis?

(2) Or how much do you drink on a weekly basis?

How long have you endured this level of intake? _____

(3) What do you typically drink?

(4) How do you feel about your brand of alcohol?

(5) What times of day do you drink?

(6) Have you abstained before? Y/N If yes, how long?

Please answer the following yes/no

Do you ever drink to get drunk? Y/N

Do you think drinking will help solve your problems? Y/N

Do you drink to calm down before or after a stressful situation? Y/N

When you drink, do you experience a mood change, become more aggressive or depressed? Y/N

Do you drink to take the edge off in social situations? Y/N

Do you ever worry about where and when you will drink next? Y/N

Do you experience frequent hangovers or blackouts? Y/N

Do you ever lie about drinking? Y/N

Have you ever missed work or other appointments due to drinking? Y/N

Do you often drink alone? Y/N

Do you sometimes crave a drink in the morning? Y/N



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What concerns do you have when you stop?

What is the most important thing to you?

What is your opinion of yourself?

Who have you hurt, or feel shame or guilt towards?

What is your belief about alcoholism?

What are you experiencing in your life right now, relating to:

-Relationships

-Health

-Work

-Personal interests

-Spiritual life

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