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HYPNOSIS. LIFE FLOWS AGAIN.

WEIGHT MANAGEMENT PROGRAM

Date _____

Email _____

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 used for (use back of form)

What is your current height, weight and size _____

How long have you been at your current size/shape? _____

What do you consider your ideal size or body shape? _____

How many sizes have you decided to drop? _____

How many times have you failed at weight loss? _____

What methods failed to help you lose weight? _____

Does your current body shape and size make you physically uncomfortable? yes or no (explain) _____

Are you embarrassed about your body? yes or no (explain)

Does your current size/shape limit you and your activities? (explain)



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Do you binge? yes or no Why?

Do you suffer from uncontrollable cravings? yes or no (explain)

Do you feel food controls you? yes or no
Do you eat because of emotions? yes or no (explain)

Is success in this program a top priority? (details please)

Will you purchase a new wardrobe when you lose weight? yes or no
What new activities will you become involved in after achieving your ideal body shape and size?

What's the exact size you are going to be? _____
Do you believe weight management and reduction has to be painful? yes or no
Are you aware of past sexual or physical abuses? _____
What do you want most out of life when you have your ideal body shape and size?

What is the worst thing about being the size and shape you are now?

What timeframe have you allowed yourself to be trim and fit? _____
Do you feel your eating behavior is normal? yes or no
Does your family support your health management efforts? yes or no
Does your current size and shape limit your social life? yes or no
Do you feel tired, rundown and out of energy? yes or no
What do you remember about being your ideal size?

Has being your current size caused you pain or suffering? (describe physical and emotional pain)

What are your motivators to reach your goal? _____



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What are the 3 top stressors in your life right now? _____

What are some of the emotional reasons you eat? _____

What are you really hungry for, longing for?

What would prevent you from exercising on a regular basis?

Do you have any fears when you reduce your size?

What are some other things you can do rather than eating?

Are you totally committed to achieving your ideal size and body shape? _____