



the flow center  
HYPNOSIS. LIFE FLOWS AGAIN.

## IMPOTENCE QUESTIONNAIRE

Date \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ DOB \_\_\_\_\_

Preferred Phone \_\_\_\_\_

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

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

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

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

1. Describe your experience of 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, if any, 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 impotence?
8. What will it mean for you once you resolve the issues with ED?