

Achievement Inspired Counseling and Hypnosis

Thank you for choosing the Achievement Inspired Hypnosis and Training. We are dedicated to making sure that you benefit from your time with us and that all your outcomes are fulfilled. Please fill out this form to provide a primary focus for your visits. The information will be helpful during your session.

What is the primary area of concern that you would most like to make change. For the sake of your positive success, please pick one area that is important to you at this time. You may want to discuss others later.

Once you have made the above change. Now, please list seven of the benefits you expect to gain from having made that change. (Ways your life will be better.)

Benefits of making the change you want:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Check as many of the following as it applies to you, and fill in the blank space if appropriate.

- I often feel that I should be punished for something I once did.
 I know of a past experience or relationship that could be causing this problem.
 I am aware of an internal conflict that may be causing part (or all) of my problem.
 If I get better, I stand to lose _____
 If I wasn't so much like _____, I'd be much happier.

If you have any questions about this form or hypnosis, please write them down here.

Name: _____ Date: _____