

## *Hypnosis and Emotional Freedom*

Thank you for choosing the *Hypnosis & Emotional Freedom*. Please fill out this form. The information will be helpful during your session.

ISSUE TO BE ADDRESSED: \_\_\_\_\_

Please list 6 changes that you want to take place:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Please list seven of the benefits you expect to gain from making the changes you would like to make?

### 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.

Name \_\_\_\_\_ Date: \_\_\_\_\_