

# **THOMPSON HYPNOSIS**

## Benefits Form

Thank you for choosing Thompson Hypnosis. Please fill out this form. The information will be helpful during your session.

**What is the reason you're coming in for hypnosis today (the change you want to make)?**

\_\_\_\_\_

Please list seven of the benefits you expect to gain from making the change 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. Fill in the blank space as 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.

Write down any questions you have: \_\_\_\_\_

\_\_\_\_\_

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