

Foundations / Personal Energy Mastery
D.L. Scott CtHA, AASD, CDC
Clinical Hypnotherapist, Certified HypnoAnaesthesiologist

Welcome to Foundations, the following series of questions will allow me to get to know you a little better, and allow me to help determine why you have sought the aid of Foundations Hypnosis, and Personal Energy Mastery as a therapeutic tool.

Name _____ Age _____

Date of Birth _____ Sex (M) (F)

Ethnic Origin _____

Address Street _____

City _____ State _____ ZIP _____

Phone Number: _____ Home
_____ Cell

Person To Contact In Case Of Emergency:

Name _____ Relationship to Self _____

Phone Number _____

Who referred you to Foundations? _____

Main Issue? _____

Reason for choosing Foundations Hypnosis _____

What is your education level? _____

Are you employed now? (Y) (N)

How long have you been at your present job? _____

Do you enjoy your present job? _____

Life story: Please describe the things you recall about your life, your mother and father's relationship to each other, their relationship to you, and your relationship to them. Did you have any brothers & sisters, what do recall about your relationship to them. What was school like for you, what kind of friendships did you have, many(?), few(?), were they close, or pretty loose? What was your relationships with your teacher(s), did you like school, etc. I don't want you to try and relive every emotional experience you have lived through, but I would rather that you build a narrative, a guide map of where you think your feelings / agreements came from. Some things may be specific, others may not, I am more interested in getting a general idea of how you grew up, what kind of environment you grew up in, and then the relationships and life you have created for yourself now.
