

Hoffman Hypnosis & Healing Intake form for Weight Control

Date of intake: _____ DOB: _____

Name: _____ Age: _____

Height: _____ Current weight: _____ What would you like to weigh? _____

Are there other things that you would like to work on sometime?

How have you tried to get rid of weight before?

Why didn't it work?

How long have you had it? _____ When did you start gaining weight? _____ Do you remember what was happening in your life at that time?

When have you noticed putting on the most weight? _____ What was going on in your life at that time?

Have you had times when you got rid of a lot of weight? Y / N What was going on then in your life?

Why do you think you are overweight? (Why do you think you have been hanging on to this extra weight?)

Do you feel this extra weight could be helping you in any way?

If you got rid of the extra weight, how would that help you? What could you do and how would you feel that would be any different from now?

How much pop or sodas, on average, do you drink in a day?

How much candy or sweets would you say you eat in a week?

What kind of other junk food do you eat and how often?

Do you smoke cigarettes or pot? Y/N (If so, for how long and how much?)

Do you drink alcoholic beverages (including beer)? Y/N (How much, how often?)

Are there other habits you have that might be causing problems for you?

Your Eating Patterns

Do you eat out often? Y/N What types of restaurants/foods?

Do you go to fast food restaurants a lot? Y/N If so, what do you usually order?

What time do you usually eat dinner at? _____

What kinds of foods do you eat a lot of?

Are there foods that you "pig out on"?

In what situations do you get tempted to eat or snack? (Check all that apply.)

- when you get home from work?
- in front of TV?
- in bed?
- after dinner?
- with friends?
- at sports events or other activities?
- while reading or on the computer?

Other times?

When do you most want to eat (other than regular meal times)? (Check all that apply.)

- when feeling lonely?
- when feeling unhappy?
- when feeling a lot of stress?
- when feeling neglected?
- when feeling depressed?
- when feeling happy?
- when you want to reward yourself?
- when you're nervous?
- when feeling bored?
- when feeling frustrated?
- when feeling anxious?
- when feeling afraid?
- when you feel you're not getting enough attention?

Other?

Do any of the following apply to you? (Check all that apply.)

- eat too large a helping
- eat too much sugar
- eat too many fatty foods
- don't eat breakfast, or eat something that's not nutritious
- don't exercise
- don't drink enough water
- use too much salt
- eat between meals
- eat when not really hungry
- eat too fast
- eat a lot of fast foods and/or junk foods
- eat very few fresh or frozen vegetables and fruits

Is there anything else you can think of?

Do you like vegetables? Y/N Fruits? Y/N How often do you eat them?

Exercise Habits

Do you exercise? Y/N How frequently? _____ What kind of exercise?

How do you feel about exercise?

What type or types of exercise would you like to do?

Is there anything else you feel is important for me to know about your habits and beliefs that can help you meet your goal of becoming your ideal goal weight?

Weight Loss Goals

Please place a mark next to the statements below that are true for you. Then, go back through the list, and circle the four or five changes that you would like to make to help you the most toward your weight loss goal.

___ I would like to exercise more.

___ I would like to drink more water.

___ I would like to feel more motivated to consistently do the things I need to do to become slimmer.

___ I would like to really believe that I can lose weight.

___ I would like to be able to reduce the amount of food I eat at meal time.

___ I would like to stop snacking between meals.

___ I would like to be able not to snack so much at home, because that is one of the main problems (i.e., eating while reading, watching TV, or working at the computer).

___ I would like to be able not to snack at work, because that is one of the main problems.

___ I would like to be able to resist salty or sweet snacks, or just eliminate them completely.

___ I would like to cut down on the amount of alcohol I drink. Those drinks are so fattening.

___ I think I am over weight because of my mother or father, etc.

____ I normally eat breakfast, but this has not always been true. I have heard that breakfast is the most important meal of the day. But it seems (to me) if I eat breakfast, I am hungry all day long.

____ Sometimes, I eat when I am not really hungry. What percent of food do you eat because of true hunger? _____%

____ I sometimes eat when I feel (boredom, depression, anxiety, stress, loneliness, or sad, etc.)

____ I sometimes eat when I feel happy and want to celebrate, or to be social, or just because the clock says that it is time to eat.

____ I have another reason I eat in a way that is preventing me from becoming as slim and lean as I would like to be.

Why I Want to Be Slim and Healthy

Now place a mark next to some of the reasons you want to lose weight. You can add other reasons at the end of the list. After all, the purpose of this form is to learn more about how we can help you.

____ Better health.

____ More energy.

____ Fit into those clothes I wish I could still wear.

____ Improve my career opportunities.

____ Make the clothes I have fit better.

____ More self-confidence.

____ Improve my relationship.

____ Feel better about myself.

____ Shopping would be more fun.

____ Look and feel better in a swimsuit.

____ I want to look good for a special occasion (i.e. wedding or vacation). _____

____ Almost everything in my life would be better.

____ If I lost this weight, I would feel more self-confident and be a better example to others.

____ Another reason or reasons not on the list. _____
