

MTU Hypnosis - Sports Intake Form

All information is strictly confidential except where required by law or your written consent.

We prefer that you complete this intake form online.

1. SAVE to your DESKTOP. 2. Then fill the form in. 3. Save, but also RE-NAME the file by ADDING YOUR NAME to the File name. 4 Email: to mtuintake@gmail.com but ADD YOUR NAME to the Subject line and ATTACH THE SAVED INTAKE. OR You may print out the intake form, fill it in, and bring it to your appointment.

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1. Name: _____
 2. Home Phone: _____ Cell: _____ Accept Texting? N Y
Work: _____ E-mail: _____
 3. Address: _____ City: _____ Zip: _____
 4. Emergency Contact: _____ Phone: _____
 5. Age: _____ Birthdate: _____ Sex: _____
 6. Are you under a doctor's care now? _____
 7. Indicate any current health problems - any medications currently taking:

 8. Do you wear contact lens? _____ Dentures? _____
 9. Do you have light sensitive epilepsy? _____
 10. In what sport are you seeking improvement? _____
 11. Are you a professional or amateur athlete? _____
 12. Specify how much time you physically practice for this sport. _____
 13. In the area of athletics, where do you need improvement? What specifically - is the problem?

 14. What is your ultimate athletic goal?

 15. What previous efforts, if any, have you taken to solve this issue?

 16. What is your most difficult emotion right now?

 17. What has been your proudest moment in this sport?

 18. If you have ever been hypnotized - indicate private or group/purpose/result?

 19. If you have any fears, concerns, or questions about hypnosis — please describe:

 20. Do you know anyone personally who has used hypnosis to improve or change his or her life?

 21. Have you ever been psychologically treated for an emotional/behavior problem? N Y

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22. If yes, are you currently receiving treatment or counseling? N Y

Provider Name: _____ Phone: _____

23. How did you find MTU Hypnosis? _____

24. Select the most important element in deciding to use our services.

Effectiveness
your results

Service
how we respond to your needs

Time
how fast you get results

Affordable
what we charge

25. List your e-mail address if you are interested in receiving our e-newsletter: _____

26. List 5 positive benefits you get by eliminating your problem:

Example: I am more relaxed and at ease even when dealing with stressful situations.

a) _____

b) _____

c) _____

d) _____

e) _____

27. Where applicable, check the issues you have been dealing with and/or would like to resolve.

Weight Control

Self Confidence

Migraines

Stress Management

Improved Concentration

Teeth Grinding/Jaw Clenching

Fear of Flying/Heights

Medical/Dental Procedures

Performance Anxiety

Insomnia

Anxious

Time Management

Nail Biting/Picking

Feeling Overwhelmed

Sales

Stuttering

Organizational Skills

Skin Problems

Sports Improvement

Procrastination

Alcoholism

Visualization

Learning/ADD

Gagging Reflex

Memory Improvement

Anger

Nervous Tics

Pain Management

Jealousy

OCD

Smoking Cessation

Vertigo

Relationship Issues

Tobacco Chewing

PTSD

Over-Healing/Scarring

Tension Headaches

High Blood Pressure

Pre/Post Surgery

Test Taking/Study Habits

Warts

Infertility

Bed Wetting

Cancer/Chemo/Radiation

Drug Addiction

Habit Control

Job Interview Anxiety

Panic Attacks

Public Speaking

IBS

Gambling

Motivation

Nervous Stomach

Other _____

First & Last Name: _____

Signature: _____ Date: _____

You will sign this client intake form at your appointment.