

[www.the-healing-hut.com](http://www.the-healing-hut.com)  
 Master Reiki Healer &  
 Accredited Hypnotherapist



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### Client Questionnaire

Please fill out the following form, **giving the first thought that comes to mind for each question**. I appreciate that it may seem like an arduous task to complete all of the questions, but your answers allow me to provide you with a bespoke hypnosis session, which will be far more effective than an “off the shelf” version. I sincerely believe that you are worth the effort ... this is the first step in **YOU** believing that too. **All information is kept strictly confidential.**

I look forward to hearing from you.

Best wishes, *Ruth Bernstein*

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: M F (please circle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Post Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Marital

Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Names & Ages of Children: \_\_\_\_\_

1. List three of your favorite colors: \_\_\_\_\_

2. Name three of your favorite places: \_\_\_\_\_  
\_\_\_\_\_

3. List any fears or issues: \_\_\_\_\_

4. Do you suffer any compulsive tendencies?\_

5. List any current health issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List the medications you are taking: \_\_\_\_\_  
\_\_\_\_\_

7. List three of your most important lifetime goals: \_\_\_\_\_  
\_\_\_\_\_

8. List three of your pastimes or hobbies: \_\_\_\_\_

9. What is your current occupation? \_\_\_\_\_

10. Do you enjoy your current work? \_\_\_\_\_

11. List things that you like to do but would like to do better: \_\_\_\_\_  
\_\_\_\_\_

12. If you could what would you wish for, become or do?\_

13. Why are you seeking hypnosis? \_\_\_\_\_

14. How did you find me? \_\_\_\_\_

15. Do you consider that you are currently suffering from any of the following? (Please mark with an "x")

Nervousness  
Inability to relax  
Sleeplessness  
Depression  
Sexual dysfunction  
Compulsive tendencies  
Nail biting  
Nightmares  
Childhood trauma  
Fear of heights  
Poor self-esteem  
Poor health

Cigarette smoking  
Alcohol abuse  
Drug abuse  
Compulsive overeating  
Serious eating disorder  
Co-dependency  
Inability to focus  
Attention issues  
Abusive home situation  
Abusive work situation  
Sexual abuse  
Poor memory

Marital problems  
Recent divorce  
War trauma  
Current illness  
Teeth grinding  
Lack of energy  
Death of a loved one  
Death of a pet  
Lack of success  
**Any other important  
Issue (please note  
below)**

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16. One thing I feel guilty about is: \_\_\_\_\_

17. I am happiest when: \_\_\_\_\_

18. If I were not afraid to be myself I would: \_\_\_\_\_

19. I get so angry when: \_\_\_\_\_

20. I am most saddened by: \_\_\_\_\_

21. All of my life I: \_\_\_\_\_

22. Ever since I was a child I: \_\_\_\_\_

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23. One of the ways I could help myself but I don't is: \_\_\_\_\_

\_\_\_\_\_

24. It is hard for me to admit: \_\_\_\_\_

\_\_\_\_\_

25. I am a person who: \_\_\_\_\_

\_\_\_\_\_

26. A mother should: \_\_\_\_\_

\_\_\_\_\_

27. A father should: \_\_\_\_\_

\_\_\_\_\_

28. A true friend should: \_\_\_\_\_

\_\_\_\_\_

29. Mention your most significant memory, experience, or event that corresponds to each of these following periods of time in your life:

0-5 years old: \_\_\_\_\_

\_\_\_\_\_

6-10: \_\_\_\_\_

\_\_\_\_\_

11-15: \_\_\_\_\_

\_\_\_\_\_

16-20: \_\_\_\_\_

\_\_\_\_\_

21-25: \_\_\_\_\_

\_\_\_\_\_

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26-30: \_\_\_\_\_

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31-35: \_\_\_\_\_

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36-40: \_\_\_\_\_

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41-45: \_\_\_\_\_

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46-50: \_\_\_\_\_

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51-55: \_\_\_\_\_

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56-60: \_\_\_\_\_

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61-65: \_\_\_\_\_

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66-70: \_\_\_\_\_

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70-100: \_\_\_\_\_

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30. What behaviour (s) get in the way of your happiness? \_\_\_\_\_
31. What would you like to start doing? \_\_\_\_\_
32. What would you like to stop doing? \_\_\_\_\_
33. What would you like to do more of? \_\_\_\_\_
34. What would you like to do less of? \_\_\_\_\_
35. What makes you laugh? \_\_\_\_\_
36. What makes you cry? \_\_\_\_\_
37. What makes you happy? \_\_\_\_\_
38. What makes you sad? \_\_\_\_\_
39. What makes you angry? \_\_\_\_\_
40. What makes you frightened? \_\_\_\_\_
41. What do you see or imagine yourself doing in the next 6 months? \_\_\_\_\_  
\_\_\_\_\_
42. What do you see or imagine you are doing 5 years from now? \_\_\_\_\_  
\_\_\_\_\_
43. What would you like to be doing 5 years from now? \_\_\_\_\_  
\_\_\_\_\_
44. What would have to change or be different for that to happen? \_\_\_\_\_  
\_\_\_\_\_
45. What are your main beliefs and values? \_\_\_\_\_  
\_\_\_\_\_
46. What are the things you feel you should, can, and must do? \_\_\_\_\_  
\_\_\_\_\_
47. What motivates you? \_\_\_\_\_

48. In one word describe your life: \_

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49. In one word describe your problems: \_

50. In one word describe the good times in your life:

51. One of the things I feel proud of is: \_

52. Do you observe any religious or meditative practice? If so describe: \_

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53. Do you believe in past lives? \_

54. Please explain any other negative conditions affecting you: \_

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55. Please list any additional needs or concerns: \_

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## CONTRACT

I hereby authorize, Ruth Bernstein to hypnotize, me for the purposes outlined in this form and for any future purposes that I may request. I understand that the success of my hypnosis therapy depends greatly on my own ability and desire to effect change in myself and my own level of participation, and that Ruth Bernstein cannot offer any guarantee of the success of my treatment. I am aware, however, that Ruth Bernstein will do everything in her power to ensure my success. I also understand that I have other choices from Ruth Bernstein's practice (reiki healing), from which to seek assistance regarding my specific concerns, and I have chosen to include hypnotherapy within these.

I understand that any hypnotherapy scripts used during my session(s) remain the sole property of Anne Townson and copies are not included in the fee paid.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that during the hypnotherapy session, Ruth Bernstein may use touch as an anchoring technique (specifically in areas on the hand, arm, shoulders, forehead and chest). I hereby give my permission for this to take place during my session if required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_