

Client Information Form

The Inquiring Mind, LLC.

Date:

10515-20th St SE, Everett, WA 98205 425-334-7900

www.inqmind.com

Name:

Date of Birth:

Occupation:

Sex:

 M

or F

Address:

Cell Phone:

Daytime Phone:

Evening Phone:

E-mail:

Marital Status:

Name of Spouse:

Names & Ages of Children:	
List Three Favorite Colors:	
List Three Favorite Places:	
List any fears:	
Do you suffer any compulsive tendencies?	
List any current health problems:	
List any medications you are taking:	
Please list your three most important lifetime goals:	

Please list three past-time/hobbies:	
Describe your work environment:	
Do you enjoy your work?	
Please list things that you like to do but that you want to do better:	
If you could be, do, have or become anything, what would you wish for?	
What is your goal for coaching or consultation?	

Please Mention your most significant memory, experience or event from each of the following ages:	
Age 0-5:	
Age 6-10:	
Age 11-15:	
Age 16-20:	
Age 21-25:	
Age 26-35:	
Age 36-40:	
Age 41-50:	
Age 51-60:	
Age 61 & over:	

What behavior gets in the way of happiness?	
What would you like to start doing?	
What would you like to stop doing?	
What would you like to do more of?	
What would you like to do less of?	
What makes you laugh?	
What makes you cry?	
What makes you happy?	
What makes you sad?	
What makes you mad?	
What makes you frightened?	
What do you imagine yourself doing in the next 6 months?	
What do you see yourself doing in 5 years?	
What would have to change or be different for that to happen?	
What are your main should, could, must and ought to be?	
What motivates you?	
In one word describe your life:	
In one word describe your problems:	
In one word describe the good times in your life:	
One of the things I feel proud of is:	
What is most important to you in life?	
What is most important to you in a relationship?	
Do you observe any religious or meditative practices?	
Do you believe in past lives?	

Neurolinguistic Learning Channels Profile

Instructions: Please check off characteristics that relate to your behavior.

<input type="checkbox"/> Likes to keep written records.	<input type="checkbox"/> Prefers to have someone else read instructions when putting a model together	<input type="checkbox"/> Likes to build things
<input type="checkbox"/> Typically reads billboards while driving or riding.	<input type="checkbox"/> Reviews for a test by reading notes aloud or by talking to others	<input type="checkbox"/> Uses sense of touch to put a model together
<input type="checkbox"/> Puts model together correctly using written directions.	<input type="checkbox"/> Talks aloud while working a math problem.	<input type="checkbox"/> Can distinguish items by touch when blindfolded
<input type="checkbox"/> Follows written recipe easily when cooking.	<input type="checkbox"/> Prefers listening to a CD over reading a book	<input type="checkbox"/> Learns touch system rapidly when typing
<input type="checkbox"/> Writes on napkins in restaurants.	<input type="checkbox"/> Commits zip code to memory by repeating it	<input type="checkbox"/> Moves with music
<input type="checkbox"/> Can put a bicycle together using only the written directions provided.	<input type="checkbox"/> Uses rhyming words to remember names	<input type="checkbox"/> Doodles & draws on any available paper
<input type="checkbox"/> Review for a test by writing a summary.	<input type="checkbox"/> Plans the upcoming week by talking with someone	<input type="checkbox"/> An out of doors person
<input type="checkbox"/> Commits a zip code to memory by writing it.	<input type="checkbox"/> Talks to self	<input type="checkbox"/> Moves easily, coordinated
<input type="checkbox"/> Uses visual image to remember names.	<input type="checkbox"/> Prefers oral directions from employer	<input type="checkbox"/> Spends large amount of time on crafts
<input type="checkbox"/> A bookworm	<input type="checkbox"/> Stops at a service station for directions in a strange city	<input type="checkbox"/> Likes to feel texture of clothes & furniture
<input type="checkbox"/> Plans the upcoming week by making a list.	<input type="checkbox"/> Prefers talk/listening games	<input type="checkbox"/> Prefers action activities
<input type="checkbox"/> Prefers written directions from employer	<input type="checkbox"/> Keeps up news by listening to the radio.	<input type="checkbox"/> Finds it very easy to keep fit physically
<input type="checkbox"/> Prefers to get a map & find own way in strange city	<input type="checkbox"/> Able to concentrate deeply on what another is saying	<input type="checkbox"/> Fastest in the group to learn a new physical skill
<input type="checkbox"/> Prefers reading/writing games like Scrabble	<input type="checkbox"/> Uses free time while talking with others	<input type="checkbox"/> Uses free time for physical activities

Stress Level Profile

Instructions: Read each statement below & circle the number to the right of it that best represents yourself & your behavior at this time.

1 - not at all
2 - slightly
3 - moderately
4 - very much

1.	I often lose my appetite or eat when I am not hungry.....	1	2	3	4
2.	My decisions seem to be more impulsive than planned, I tend to feel unsure about my choices & often change my mind.....	1	2	3	4
3.	The muscles of my neck, back and stomach frequently get tense.....	1	2	3	4
4.	I have thoughts & feelings about my problems that run through my mind for much of the time.....	1	2	3	4
5.	I have a hard time getting to sleep, wake up often or feel tired.....	1	2	3	4
6.	I feel the urge to cry or get away from my problems.....	1	2	3	4
7.	I tend to let anger build up & then explosively release my temper in some aggressive way or destructive way.....	1	2	3	4
8.	I have nervous habits (tapping my fingers, shaking my leg, pulling my hair, scratching, wringing my hands, etc.).....	1	2	3	4
9.	I often feel fatigued, even when I have not been doing physical work.	1	2	3	4
10.	I have regular problems with constipation, diarrhea or upset stomach	1	2	3	4
11.	I tend not to meet my expectations either because they are unrealistic or I have taken on more than I can handle.....	1	2	3	4
12.	I periodically lose my interest in sex.....	1	2	3	4
13.	My anger gets aroused easily.....	1	2	3	4
14.	I often have bad, unhappy dreams or nightmares.....	1	2	3	4
15.	I tend to spend a great deal of time worrying about things.....	1	2	3	4
16.	My use of alcohol, coffee, smoking or use of drugs has increased.....	1	2	3	4
17.	I feel anxious, often without any reason that I can identify.....	1	2	3	4
18.	In conversation my speech tends to be weak, rapid, broken, or tense.	1	2	3	4
19.	I tend to be short tempered and irritable with people.....	1	2	3	4
20.	Delays, even ordinary ones, make me fiercely impatient.....	1	2	3	4

Challenges Checklist

**Please mark any that apply using a scale of 1, 2, 3, 4 or 5
(#1 being most important & # 5 being least important)**

<input type="checkbox"/> Need a job <input type="checkbox"/> Worn out by job <input type="checkbox"/> Problems with co-workers <input type="checkbox"/> Problems with Supervisor <input type="checkbox"/> Dislike job <input type="checkbox"/> Dislike school <input type="checkbox"/> Too much spare time <input type="checkbox"/> Bad habits <input type="checkbox"/> Drug use <input type="checkbox"/> Weight problems: <input type="checkbox"/> Eat too much sweets <input type="checkbox"/> Eat too much junk foods <input type="checkbox"/> Not enough exercise <input type="checkbox"/> Dissatisfied w/appearance Why? <input style="width: 100%; height: 20px;" type="text"/> <input type="checkbox"/> Want to quit smoking <input type="checkbox"/> Difficulty getting to sleep <input type="checkbox"/> Cannot stay asleep <input type="checkbox"/> Poor memory <input type="checkbox"/> Studying is dull <input type="checkbox"/> Read too slow <input type="checkbox"/> Poor concentration <input type="checkbox"/> Procrastinate a lot <input type="checkbox"/> Poor Organization <input type="checkbox"/> Would like to raise income <input type="checkbox"/> Desire a promotion <input type="checkbox"/> Want to change Job <input type="checkbox"/> Work too dull <input type="checkbox"/> Afraid to take personal risks	<input type="checkbox"/> Want to know my life mission <input type="checkbox"/> Need more goals <input type="checkbox"/> Lack of skills <input type="checkbox"/> Lack of motivation/ambition <input type="checkbox"/> Trouble making decisions <input type="checkbox"/> Lack of education <input type="checkbox"/> Lack of imagination <input type="checkbox"/> Trouble with children <input type="checkbox"/> Trouble w/loved ones <input type="checkbox"/> Quarreling at home <input type="checkbox"/> No time to relax <input type="checkbox"/> Need more fun <input type="checkbox"/> Unwanted emotions - <input style="width: 100%; height: 20px;" type="text"/> <input type="checkbox"/> Wanted emotions - <input style="width: 100%; height: 20px;" type="text"/> <input type="checkbox"/> Fear of <input style="width: 100%; height: 20px;" type="text"/> <input type="checkbox"/> Low self esteem <input type="checkbox"/> Fear of dying <input type="checkbox"/> Too emotional <input type="checkbox"/> Too nervous <input type="checkbox"/> Guilt <input type="checkbox"/> Difficulty relaxing <input type="checkbox"/> Easily influenced <input type="checkbox"/> Bad dreams <input type="checkbox"/> Feel awkward <input type="checkbox"/> Dislike people <input type="checkbox"/> Frequent crying	<input type="checkbox"/> Fear of responsibility <input type="checkbox"/> Quick to anger <input type="checkbox"/> Critical of others <input type="checkbox"/> Violent or verbally abusive when angry <input type="checkbox"/> Do not trust others <input type="checkbox"/> Too sensitive <input type="checkbox"/> Feel sad frequently <input type="checkbox"/> Do not communicate <input type="checkbox"/> Speech problems <input type="checkbox"/> lack of skill <input type="checkbox"/> Cannot get up mornings <input type="checkbox"/> Get sick a lot <input type="checkbox"/> Aging faster than I prefer <input type="checkbox"/> Lack of energy <input type="checkbox"/> High Blood pressure <input type="checkbox"/> Low Blood pressure <input type="checkbox"/> Allergies to <input style="width: 100%; height: 20px;" type="text"/> Symptoms <input style="width: 100%; height: 20px;" type="text"/> <input type="checkbox"/> Spiritual problems <input type="checkbox"/> Hard to meet people <input type="checkbox"/> Relationship breakup <input type="checkbox"/> Difficulty making friends <input type="checkbox"/> Blame others <input type="checkbox"/> Afraid to take business risks
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Acknowledgement, Agreement and Understanding:

The client is aware that the coaching relationship is not psychological counseling. Coaching does not treat illness or pathology. The client is also aware that Coaching results cannot be guaranteed. The client agrees that he/she is entering into coaching/consultation sessions understanding that the Client is responsible for their own actions and/or decisions and/or results. The Client also agrees to hold The Inquiring Mind, LLC, its agents, employees and or contractors free from all liability for any actions or results for adverse situations created as a direct or indirect result of a referral or other input given by the Coach/Consultant.

Informed consent regarding your participation in the Coaching/Consultation Sessions

It is important at the outset of your coaching program that you fully understand the nature of your participation. The program which you are about to embark consists of learning skills. The Coach provides input for development of various skills.

Participation in these coaching/consulting sessions should not be undertaken in lieu of proper medical care. Any persons under the supervision of a prescribed medical physician agree to continue interacting with their health care provider.

I have read and understand the above:

Printed Name: _____

Date: _____

Signature: _____

Hypnotherapy Consent Form

Please read and sign:

I hereby agree and request to be hypnotized by The Inquiring Mind, its agents, employees, or contractors and acknowledge that hypnotherapy represents a potentially powerful mental and physical regulating tool. I understand that personal results will vary and that there are no expressed or implied guarantees or warranties of results.

I am of legal age and in consideration of my acceptance as a participant in hypnosis and hypnotherapy session(s), hypnotic age regression, training or other related services by the Inquiring Mind, its agents, employees or contractors, I for myself, my heirs, executors, administrators and assignees, do hereby release and discharge, Inquiring Mind, its agents, employees or contractors and any employees or other participants from all claims of damages, copyright, demands or actions whatsoever in any manner arising from or growing out of my participation. I understand that my sessions and all information discussed in them will be held to the highest standards of confidentiality.

I am aware that hypnotherapy is non-medical in nature and that no attempt is made to diagnose, prescribe for and / or treat an infirmity or disease and that no claims of a cure have been made. I have been advised to contact my health care practitioner and / or agency for any changes in medications or health care and to inform them that I am receiving hypnotherapy.

In order to be more successful in reaching my goals I know it is important for me to:

- 1) Acknowledge that my well being depends directly on how well I care for myself physically, emotionally, intellectually and spiritually.
- 2) Recognize that my thoughts, feelings, images and actions have a direct affect on my life.
- 3) Take responsibility for my experience of life.
- 4) Be an active participant in my hypnotherapy experience and see myself as a partner in the transformative nature of this process.
- 5) I agree to be on time for my sessions and to allow at least 24 hours of advance notice should I need to cancel or reschedule a session. (425-334-7900)

Signature: _____

Date: _____