

Preference Intake Sheet

Name: _____ Date: _____

What is your favorite color?

Are there any colors you dislike?

Have you ever had an anxiety attack?

If so where and what were the circumstances?

Do you have a fear of heights?

Do stair cases or stair ways make you nervous?

Do you have a fear of water?

What is your ideal vacation spot?

Do you like the beach?

Do you like the mountains?

Do you like activities in the snow like making a snowman, skiing, sledding, walking in the snow?
List a few:

What is your favorite animal?

What animals do you dislike or fear?

Do you play golf?

Do you ski?

Did you play sports, do cheer leading or gymnastics in school?

If so which ones.

Do you have painful joints or injuries that prevent movement or someone moving your arm or touching your shoulder?

For the purpose of hypnosis and testing relaxation would you be comfortable and give your permission to touch your forehead, shoulder, arm, wrist or hand?