



## Smoker's Intake form

**PLEASE NOTE: The first Smoker's Session is 2 hours long. Smokers who have quit successfully on their own will typically have two sessions – the first 2 hour session and one follow up a week later.**

**Smokers who have never quit successfully on their own will typically require 2 – 4 additional sessions after the first 2 hour session.**

Date of intake: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday (Month / Day) \_\_\_\_ / \_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Text Number if Available: \_\_\_\_\_

What is the best way to reach you during the day?

\_\_\_ Home Phone \_\_\_ Work Phone \_\_\_ Text \_\_\_ Email

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

How did you hear about A New Leaf Hypnosis?

How would you describe your spiritual beliefs?

Christian

Jewish

Muslim

Metaphysical

Agnostic

Atheist

Other \_\_\_\_\_

Prefer not to say

How long have you smoked?

Have you ever stopped smoking on your own? Y/N

If yes, how long did you stop?

Have you ever stopped smoking with the help of the patch, gum, or prescription drugs?  
Y/N

If yes, what aid did you use and what was the outcome?

What triggers your desire to smoke – check all that apply:

When you first wake up?

With your first cup of coffee?

When you're on the phone?

After a meal?

\_\_\_ In a social situation?

\_\_\_ When stressed?

\_\_\_ When bored?

\_\_\_ Break Time at Work ?

\_\_\_ While driving?

\_\_\_ Others – please list:

What emotions are related to this behavior?

What thoughts do you have which are related to this issue?

Have you ever been hypnotized before? Y/N

If so, what was your experience like?

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

If you were able to resolve this situation, how would that help you? What could you do and how would you feel that would be any different from now?

Name 7 Benefits

1.

2.

3.

4.

5.

6.

7.

Can you think of any ways this behavior may be benefiting you? (Y/N)

If so, how?

Please describe to me what type of imagery is most relaxing to you – whether it be indoors or in nature, at the ocean, in a meadow, a forest – whether you prefer imagery which includes bright sunlight and warmth or cool breezes, etc. If it's easier, feel free to bring in photographs of your favorite imagery. You may also let me know if you find it easy or difficult to visualize, or if you prefer simply imagining your peaceful place.

What are your hobbies / interests?

Do I have permission to touch your hand, arm, shoulder, and forehead? (Y/N)