



1320 NW 23<sup>rd</sup> Street, Portland OR 97210  
Office 503-764- 9976

### Stop Smoking Intake Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

How did you hear of Results Based Hypnotherapy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Website or web search describe which directory: \_\_\_\_\_
- Google
- Yellowbook.com
- Dex Online
- Yellow Book
- Dex Yellow pages
- Verizon Yellow Pages

Referred by: \_\_\_\_\_

Are you currently under a doctor’s supervision for physical or mental care, if so whom and for what?

Condition: \_\_\_\_\_

Dr. Name: \_\_\_\_\_

Dr. Contact Information: \_\_\_\_\_

**HEALTH**

1. Are you currently taking any medication, or vitamins? If so, what type and for what purpose? \_\_\_\_\_  
\_\_\_\_\_
2. Do you have epilepsy? \_\_\_\_\_  
\_\_\_\_\_
3. Do you exercise? If so what exercise and how often? \_\_\_\_\_  
\_\_\_\_\_
4. Do you drink water, if you how much? \_\_\_\_\_
5. How long have you smoked/chewed? \_\_\_\_\_  
\_\_\_\_\_
6. How much do you smoke/chew? \_\_\_\_\_
7. What brand do you smoke/chew? \_\_\_\_\_
8. How old were you when you started? \_\_\_\_\_
9. Do your friends or family smoke/chew? If so who? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Has anyone in your family had cancer, if so who? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. When and where do you have your 1st cigarette or chew each day \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Why do you smoke/chew? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Are you Spiritual or Religious? If you what are your beliefs? \_\_\_\_\_  
\_\_\_\_\_

14. What do you like about smoking/chewing? \_\_\_\_\_  
\_\_\_\_\_

15. What do you hate about smoking/chewing? \_\_\_\_\_  
\_\_\_\_\_

16. Why do you want to quit? \_\_\_\_\_  
\_\_\_\_\_

17. Have you tried to quit before, and if so how long was it for? \_\_\_\_\_  
\_\_\_\_\_

18. When? \_\_\_\_\_ How many times? \_\_\_\_\_

19. What caused you to start again? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. When you tried to quit in the past, what helped and what didn't? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. What will be the most difficult situations for you after you quit? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. How will you handle them differently? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Have you ever had hypnosis before if yes, what was your experience and for what purpose? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Have you ever had NLP Coaching, Emotional Freedom Technique, Flower Essence, or Rapid Eye Technique, before if yes, what was your experience and for what purpose? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

25. Describe a magical place were you would feel completely safe and relaxed, such as: the beach , a forest, a hot springs, floating in beautiful puffy clouds etc. use your imagination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Describe a food that disgusts you, something you absolutely won't touch? \_\_\_\_\_

\_\_\_\_\_

1. Describe something you did or accomplished that made you feel pleased or proud of yourself. Such as: the moment you got an A on a test, returning something you found or winning an award, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Are you ready to be a non-smoker? \_\_\_\_\_

**Congratulations you are on your way!**