



TranceForm For Good Hypnotherapy

Regina Rehab & Family Medical Clinic
5950 Rochdale Boulevard, Regina, Saskatchewan S4X 4J7

CONFIDENTIAL Smoking Cessation Intake Form (2 Pages)

Your success is our #1 priority. Help us to help you attain that success by filling out this questionnaire as completely as possible.

Date: _____

Name: _____ Date of Birth (MM/DD/YYYY): _____

Address: _____ City: _____

Postal Code: _____ Email Address: _____

Home Phone: _____ Bus Phone: _____ Cell: _____

Marital Status: Single Married Committed Relationship

Occupation: _____ Hobbies: _____

How did you hear about this program, and whom can we thank?

Regina Rehab Newsletter Friend _____

Regina Rehab Clinician _____ Doctor _____

Former Client _____ Other _____

Do you enjoy your work: Yes No

Do you feel stress? (Explain) _____

Are you currently under the care of a physician? Yes No

Did your physician recommend that you stop smoking? Yes No

Physician's name and address: _____

Are you currently taking any medication? (Please list)

Did your dentist recommend that you stop smoking? Yes No

Dentist's name and address: _____

Do you have light sensitive epilepsy? Yes No

Do you exercise? Yes No How often? _____ What type? _____

What do you expect from hypnosis? _____

Have you ever been hypnotized before? Yes No Results: _____

Why did you choose us for hypnosis? _____

QUIT SMOKING:

How long have you been smoking? _____ How many packs a day? _____

Have you tried to quit before? Yes No How many times? _____

What methods failed to help you quit smoking? _____

Is your smoking making you physically uncomfortable? _____

Are you embarrassed by your need for a cigarette? _____

Does your smoking limit you or your activities? _____

Do you feel your smoking controls you? _____

Do you feel tired, run down, and out of energy? _____

Is successfully quitting smoking a top priority? (Explain) _____

What new activities will you become involved in after you quit smoking? _____

Did you know hypnosis is 100% safe? ____ Do other family members smoke? _____

Does your family support your stop-smoking efforts? _____

Is your family excited about your quitting smoking with hypnosis? _____

Can you remember when you did not smoke? _____

What do you remember about not smoking? _____

What pain or suffering has smoking already caused you? (Describe physical or emotional) _____

Circle the most important element in deciding to use our services (circle one):

- Effectiveness (your results)
- Time (how fast you get results)
- Service (how we respond to your needs)
- Affordable (what we charge)