



# Met-a-Morph

*Life Changing Transformations*

## Hypnosis Information Sheet

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

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

\_\_\_\_\_ Tel No: \_\_\_\_\_

What do you hope to accomplish today:

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

Are you on any medications? If so, please give details and how recently was your last dose:

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

Are you being treated for any medical conditions? If so, please give details:

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

How recently have you had any stimulants (eg. Coffee, tea, alcohol, soda, dope etc):

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

Have you been hypnotized before?: \_\_\_\_\_

How best do you receive your information (auditory, visually or kinesthetically)

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

*Please complete and return this form online or print and complete this form before attending the hypnosis session. This form is only intended to be used as a guideline to formulate a specific personal program for YOU.*