Wings Hypnosis

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Smoking Cessation Intake Form

Please completely fill out this confidential form, and bring it with you to your session. Thank you!

Full Name _____ Date _____

Address _____ Apt/Suite _____

City _____ State _____ Zip _____

Day Phone ( ) _____-_____ Email _____

Evening Phone ( ) _____-_____ Occupation _____

Age _____ Sex _____ Marital Status _____

General Health ☐ Good ☐ Fair ☐ Poor

Months since last physical exam _____

Are you currently taking any medication? (Please list and include any pain medication)

_____

In the past 12 months, have you seen a professional for:

☐ Massage Therapy ☐ Nutrition ☐ Acupuncture

☐ Traditional Chinese Medicine ☐ Personal Training ☐ Stress Management

☐ Yoga ☐ Other: _____

How many cigarettes do you smoke per day? _____ What is the most you've smoked? _____

What age did you start smoking? _____ And why? _____

Are you addicted to nicotine? ☐ Yes ☐ No

What is the longest amount of time you've gone without a cigarette? _____

What methods (if any) have you used to try to stop smoking before?

☐ Patches ☐ Gum ☐ Pills/Lozenges ☐ Acupuncture

☐ Willpower ☐ Hypnosis ☐ Other _____

Has your physician recommended that you stop smoking? ☐ Yes ☐ No

Physician's name and office _____ ( ) _____-_____

Dentist's name and office _____ ( ) _____-_____

Specialist's name and office _____ ( ) _____-_____

(Cardiologist/Internist/Allergist/OBGYN or Urologist)

When do you reach for a cigarette? Please, check all that apply:

☐ Upon Waking	☐ With Coffee	☐ While Driving	☐ On Breaks
☐ Walking	☐ Before Meals	☐ During Meals	☐ After Meals
☐ When Drinking	☐ Watching TV	☐ After Sex	☐ While Reading
☐ Social Events	☐ On the Phone	☐ Before Bed	☐ Other _____

What are the top reasons you want to become a permanent non-smoker?

A. In the spaces below, rate the intensity from 1-10. 10 being the strongest.

B. Circle the 3 most important reasons why you want to become a permanent non-smoker.

_____ I'm tired of being controlled by cigarettes. Sick of being a slave to a filthy habit.

_____ The cost. I have much better things to do with my hard-earned money.

_____ I want to be there for my Children/Grandchildren to watch them grow up.

_____ It's time to get healthy again and begin reversing the damage before it's too late.

_____ Concern for future health. I'd like to avoid the 36 diseases that smoking creates.

_____ I am tired of my cough and frequent colds. I want to feel better more often.

_____ I hate this shortness of breath and lack of energy. I want to perform again.

_____ I don't want to die and lose the 14 years of my life the average smoker forfeits.

_____ I don't want my loved ones to watch me die from cancer or emphysema.

_____ I hate feeling looked down on by others. I'm tired of sneaking away for a smoke.

_____ Planning my life around this habit takes way too much effort.

_____ I hate the smell on my breath, hair, and clothes, and the taste left in my mouth.

_____ I'm tired of tearing myself away from others to stand alone in the elements.

_____ To avoid premature aging (gray hairs, wrinkled skin, yellow teeth, scratchy voice).

_____ Other _____

How did you hear about Wings Hypnosis? _____

Who can we thank for your referral? _____