

A Healthy Change Hypnotherapy

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Mike Schweder, CHt

Weight Loss Questionnaire

This form is to be completed during or prior to your initial consultation. Please print.

Name: _____

Current Height: _____ Current Weight: _____ Goal Weight: _____

1. Why do you want to lose weight? _____

2. How does your current weight make you feel? _____

3. How do you think you'll feel when you achieve your goal weight? _____

4. Does obesity run in your family, and if so, which family members? _____

5. At what age were you at your ideal weight, and what was your approximate weight? _____

6. At what age were you the heaviest, and what was your approximate weight? _____

7. What type of diets or weight loss techniques have you tried in the past? _____

8. What diets or weight loss techniques worked best, and how much did you lose? _____

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9. Why did you quit the diets or stop performing the weight loss techniques? _____

10. How much water do you drink each day? _____

11. What types of food & drink do you normally have for breakfast? _____

12. What types of food & drink do you normally have for lunch? _____

13. What types of food & drink do you normally have for dinner? _____

14. What types of foods do you dislike? _____

15. How often do you prepare breakfast at home? _____

16. How often do you dine out for breakfast? _____

17. How often do you prepare lunch at home? _____

18. How often do you dine out for lunch? _____

19. How often do you prepare dinner at home? _____

20. How often do you dine out for dinner? _____

21. How many family members normally dine with you at home? _____

22. What types of food & drink do you normally snack on, and when do you have them?

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23. What activities, thoughts or feelings trigger you to snack or overeat (for example, boredom, nervousness, tension, frustrations, etc.)? _____

24. Do you exercise, and if so, what type of exercise do you perform, and how often?

25. What hobbies or activities do you enjoy most, and how often do you perform them?

26. Are there any other goals or information you would like to share?

I understand that confidentially regarding my sessions will be honored between myself and my hypnotherapist, and that my hypnotherapist will not share any personal or medical information with anyone without my consent. This same confidentially is respected when working with minors under the age of eighteen.

Signature: _____ Date: _____

(If client is a minor a parent or guardian must sign.)