



**Board Certified Hypnotist**

5909 West Loop South  
Suite 370  
Bellaire, Texas 77401

**Certified Forensic Hypnotist**

Phone: 713-662-8511  
Fax: 713-664-9933  
mike @ hypnomike.net

**Certified By**

National Guild  
of Hypnotists  
PATH Foundation  
American Board of  
Hypnotherapy

**Speciality Certifications**

Complementary  
Medical Hypnotism  
Hypnosis for  
Pain Management  
Hypnotic Anesthesia  
Hypnosis for  
Fibromyalgia  
Syndrome  
Hypnosis for  
Irritable Bowel  
Syndrome  
Abuse & Critical  
Illness Recovery  
Addictions Recovery  
Grief, Depression  
and Post Traumatic  
Stress Recovery  
Hypnotherapy  
for Children  
Childbirth Assistance

**Weight Loss Program Questionnaire  
Part 1**

Please fill out this form so I can better serve you. I will use it in our meeting in order to custom design an appropriate and effective hypnosis program to meet your goals...to make the kinds of changes you need to make in your life so you can become slimmer, healthier and happier.

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

Approximately, what is your weight now? \_\_\_\_\_

What is your goal weight? \_\_\_\_\_

In your opinion, why are you not achieving and maintaining your desired weight or size at this time?

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

Please place a mark next to the statements below that are true for you. Then, go back through the list, and circle the four or five changes that you would like to make to help you the most toward your weight loss goal:

\_\_\_\_\_ I would like to exercise more.

\_\_\_\_\_ I would like to drink more water.

\_\_\_\_\_ I would like to feel more motivated to consistently do the things I need to do to become slimmer.

\_\_\_\_\_ I would like to really believe that I can lose weight.

\_\_\_\_\_ I would like to be able to reduce the amount of food I eat at meal time.

\_\_\_\_\_ I would like to stop snacking between meals.

\_\_\_\_\_ I would like to be able to not snack so much at home, because that is one of the main problems (i.e., reading, watching TV, computer).

\_\_\_\_\_ I would like to be able to not snack at work.

\_\_\_\_\_ I would like to reduce or eliminate salty or sweet snacks.

Member of



**Weight Loss Program Questionnaire  
Part 2**

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- I would like to cut down on the amount of alcohol I drink.
- I think I am overweight because of my mother or father, etc.
- I normally eat breakfast, but this has not always been true.
- It seems to me that if I eat breakfast, I am hungry all day long.
- Sometimes I eat when I am not really hungry. What percent of food do you eat because of true hunger? \_\_\_\_\_%
- I have another reason I eat in a way that is preventing me from becoming as slim and lean as I would like to be.

**Why I Want To Be Slim And Healthy**

Now, please place a mark next to some of the reasons you want to reduce your weight. You can add other reasons at the end of the list.

- Better Health     More Energy
- Fit into clothes I wish I could still wear
- Improve Career Opportunities
- Make the clothes I have fit better
- More Self-Confidence
- Improve my Relationships
- Feel better about myself
- Look and feel better in a swimsuit
- I want to look good for a special occasion (i.e., wedding, vacation)
- Almost everything in my life would be better
- If I reduced to my ideal weight, I would feel more self-confident and be a better example to others
- Another reason or reasons not on the list

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Member of

