The Client Information Intake Form consists of six pages. The first three pages concern your personal information. Page four contains instructions on how to fill out the Challenges Checklist, which is on Page five. Number each item in order of priority. “1” is your highest priority, 10 is your lowest priority. It's okay to use more than one 1, more than one 2, but don’t make them all 1’s and 2’s. Do spread out your numbers. If an item doesn’t apply to you, leave it blank…. Don’t mark it a “10”.

Page six briefly describes the Seven Keys. On this page, number 1 has been entered for you on the Bronze Key blank, as it always has to be first. The rest of the blanks are to be numbered 2 through 7, using each number only once. Again if they don’t apply to you, leave them blank.

Fax the finished form to Success Center at (818) 882-8512.
**SUCCESS CENTER**

**HYPNOTIST NAME**

PLEASE FILL OUT ALL FOUR PAGES. THANK YOU!

**SESSION DATE**

**TODAYS DATE**

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL AND WILL BE RELEASED ONLY ON YOUR REQUEST.

<table>
<thead>
<tr>
<th><strong>NAME</strong></th>
<th><strong>SEX</strong></th>
<th><strong>AGE</strong></th>
<th><strong>BIRTH DATE</strong></th>
</tr>
</thead>
</table>

**ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**HOME PHONE**

**HOURS**

**WORK PHONE**

**HOURS**

<table>
<thead>
<tr>
<th><strong>CELL PHONE</strong></th>
<th><strong>HOME FAX</strong></th>
<th><strong>WORK FAX</strong></th>
</tr>
</thead>
</table>

**DRIVER’S LICENSE**

**SOCIAL SECURITY #**

**E-MAIL**

**EMPLOYED BY**

**PHONE**

<table>
<thead>
<tr>
<th><strong>ADDRESS</strong></th>
<th><strong>CITY</strong></th>
<th><strong>STATE</strong></th>
<th><strong>ZIP CODE</strong></th>
</tr>
</thead>
</table>

**OCCUPATION**

**MARITAL STATUS**

**SPOUSE’S NAME**

**ANNIVERSARY DATE**

**CHILDREN (AGE/SEX)**

**SPOUSE EMPLOYED BY**

**AMOUNT OF YOUR EDUCATION & DEGREES HELD**

<table>
<thead>
<tr>
<th><strong>DOCTOR’S NAME</strong></th>
<th><strong>DOCTOR’S PHONE</strong></th>
</tr>
</thead>
</table>

**IN EMERGENCY PLEASE NOTIFY**

<table>
<thead>
<tr>
<th><strong>ADDRESS</strong></th>
<th><strong>PHONE</strong></th>
</tr>
</thead>
</table>

**LIST A FEW SHORT-TERM GOALS**

**LIST A FEW LONG-TERM GOALS**
Name: _________________________

PLEASE DESCRIBE ANY PRIOR HYPNOSIS EXPERIENCES:

________________________________________________________________________

________________________________________________________________________

RELIGION RAISED ___________________________ NOW __________________________ ATTEND SERVICES ☐ YES ☐ NO

MY MOST IMPORTANT CHALLENGE IS

________________________________________________________________________

________________________________________________________________________

CURRENT HEALTH ISSUES

________________________________________________________________________

________________________________________________________________________

CURRENT MEDICATIONS

________________________________________________________________________

________________________________________________________________________

HOW WOULD YOU LIKE YOUR LIFE TO HAVE CHANGED IN ONE YEAR?

________________________________________________________________________

________________________________________________________________________

FIVE YEARS?

WHAT IS YOUR ULTIMATE GOAL IN LIFE

________________________________________________________________________

________________________________________________________________________

HOW DID YOU HEAR ABOUT US?

PUBLICATIONS (WHICH ONE?) ____________________________ RADIO/TV (STATION?) ______________________

LECTURE (BUSINESS/ORGANIZATION NAME?) ____________________________

PERSONAL REFERRAL (WHO?) ____________________________ YELLOW PAGES (AREA?) ______________________

TRADE SHOW (WHICH ONE?) ____________________________ CONVENTION (WHICH ONE?) ______________________

INTERNET ____________________________ OTHER ____________________________

SPECIAL INTERESTS/HOBBIES ____________________________

ARE YOU ASSOCIATED WITH A BUSINESS / ORGANIZATION WHICH MAY NEED A SPEAKER OR SEMINAR LEADER?

☐ YES ☐ NO PLEASE SPECIFY __________________________________________________________

I AM APPLYING FOR HYPNOSIS SESSION. I UNDERSTAND THAT MISSED APPOINTMENTS WILL BE FULLY
CHARGEABLE TO ME AT REGULAR RATES. IF A 24-HOUR NOTICE IS GIVEN FOR CANCELLATION, THERE WILL
BE NO CHARGE.

DATE ____________________________ SIGNATURE __________________________________

☐ I AM INTERESTED IN HYPNOSIS AS A CAREER

☐ I AM A HYPNOTHERAPIST INTERESTED IN OFFERING THE SEVEN KEYS TO SELF ACTUALIZATION
SUCCESS CENTER

Page four

Name: _________________________

CHALLENGES CHECKLIST INSTRUCTIONS.

1. Please read each item on the next page and check off every item that applies to you in any way in the box to the right of the item.

Example:

___Need more fun

2. After you have finished checking each applicable item, go back and rate each checked item by the scale below in the blank to the left of the item.

Example:

2 Need more fun

✓
SUCCESS CENTER'S CHALLENGES CHECKLIST

Name: _______________________

__Need a job/new job_________
__Worn out by job_________
__Dislike job ___ school ______
__Cannot save money ______ long ___ short term ______
__Cannot get ahead ______
__Problems w/ co-workers ___ employees ___ boss ______
__Too much spare time ______
__Bad habits ______
__Drug problems ______
Which drug? __________
__Drink too much ______
How much of what? __________
__Weight problems: ______ weight: __________
height: __________
Desired weight: __________
__Eat too much ______
___ sweets ___ junk foods ___
Other: __________
__Not enough exercise ______
Get ___ min. per day / week ______
Want ___ min. per day / week ______
__Dissatisfied w/ appearance ______
Why? __________
__Want to quit smoking ______
I smoke ___ cigarettes per day ______
__Difficulty getting to sleep ______
__Cannot stay asleep ______
__Poor memory ___ used to be better for __________
__Studying is dull ______
__Read too slow ______
__Poor concentration ______
__Procrastinate a lot ______
___ Work ___ Personal ______
__Poor Organization ______
___ Time ___ Space ______
__Would like to raise income ______
Present income: $ __________/yr. ______
Desired income: $ __________/yr. ______
By what yr. __________
__Desire a promotion ______
__Want to change ___ business ___ Jobs ______
__Work too dull ______
__Afraid to take risks ______
___ business ___ personal ______

OTHER CONCERNS: __________

___Blame ______
___Blame Others ______
___Blame Self ______
__Want to know my life mission ______
__Need more goals ______
__Lack of skills ______
__Lack motivation/ambition ______
__Trouble making decisions ______
__Lack of education ______
Willing to take classes ______
Yes ___ No ______
__Lack imagination ______
__Trouble with children ______
__Trouble w/loved ones ______
__Quarreling at home ______
__No time to relax ______
__Need more fun ______
__Unwanted emotions ______
__Wanted emotions that are absent ______
__Depressed ______
(How often?) __________
__Fear/Phobia ___ of ______
__Fear of ______
__Afraid of people ______
__Low self esteem ______
__Thought about suicide ______
Last time: __________ (date) ______
__Fear of dying ______
__Too emotional ______
__Too nervous ______
__Guilt feelings ______
__Negative reaction to stress ______
__Difficulty relaxing ______
__Easily influenced ______
__Bad dreams ______
__Feel awkward ______
__Cannot express emotions ______
(specify) __________
__Dislike people ______
__Frequent crying ______
__Different from others ______
how? __________
__Fear responsibility ______
__Quick to anger ______
__Too critical of others ______
__Violent ___ verbally abusive ______
when angry ______

↑1 HIGHEST 10 LOWEST

__Do not trust others ______
__Too sensitive ______
__Feel sad frequently ______
__Do not communicate ______
__Speech problems ______
__Public speaking ______
___ Fear ___ lack of skill ______
__Poor vision ______
Wear glasses ___ Yes ___ No ______
__Desire to see well without glasses ______
__Hearing impairment ______
__Cannot get up mornings ______
__Get sick a lot ______
__Fear of ______
___ health getting worse ______
___ mental state getting worse ______
__Aging faster than I prefer ______
__Desire Rejuvenation ______
__Slow down aging ______
__Lack of energy ______
I take food supplements Y/N ______
__Blood pressure ______
___ High ___ Low ______
__Menopause difficulties ______
_______________
__Allergies ___ to ______
Symptoms __________
__Physical pain ______
__Spiritual problems ______
__Hard to meet people ______
___ business ___ personal ______
__Still grieving ___ over ______
who died mo. ___ yr. __________
__Feel lonely ______
__Too shy ______
__Want a love relationship ______
__Sexual difficulties ______
__Desire more sex ______
__Unhappy marriage ______
__Divorce ______
__Relationship breakup ______
__Difficulty making friends ______
__Am not assertive ______
___ business ___ personal ______
__Too pessimistic ______
__Legal Problems ______
I have Legal Insurance ______

OTHER CONCERNS: __________

__________________________________________

__________________________________________
MARK EACH KEY IN ORDER OF THEIR IMPORTANCE TO YOU. The Bronze Key is the first key. Number the remaining keys from 2-7. Underline areas of particular interest in each key. Do not mark any key you have not interest in. USE EACH NUMBER_ONCE ONLY.

THE SEVEN KEYS TO SELF-ACTUALIZATION USING SELF-HYPNOSIS
Self-hypnosis has been proven to be an effective tool for resolving problems such as overeating, smoking, lack of confidence, lack of self esteem, inhibition, memory retention and release phobias. While continuing this valid use of self-hypnosis in problem solving, the SEVEN KEYS TO SELF-ACTUALIZATION also encourages self-discovery, expansion of personal boundaries, and the learning of new skills. It is a systematic program of personal growth which will enable you to achieve your fullest potential mentally, physically, emotionally and spiritually.

THE SEVEN KEYS

THE BRONZE KEY - AUTO-SUGGESTION AND SELF-HYPNOSIS
1. Develop heightened sensory awareness and the ability to better control your environment. Enhance emotional awareness, control and expression. Decision making skills and the Will to Learn are introduced. You will also begin increasing your ability to understand and remember the essence of what you read, see and hear.

THE COPPER KEY - MEMORY ENHANCEMENT:
Develop a photo/phonographic memory, mental data correlation, speed-reading, effective test taking techniques and instant math intuition. Improve memory for names and faces. Anything required for better learning ability is unlocked with this Key.

THE SILVER KEY - CREATIVITY:
Learn to be inspired at will! Remove all mental/emotional blocks to effective public speaking, writing and problem-solving. Enhance special talents such as art, acting, musical performance and composition. Apply your newly awakened creative skills to all areas of your life!

THE DIAMOND KEY - SUCCESS:
Remove any mental or emotional blocks to your personal and business success through hypnotic age regression. Develop the skills and motivation necessary to create the career you've always wanted! With the Diamond Key you can easily apply the powerfully persuasive communication tools of “Neuro Linguistic Programming” for maximum success in business and career-related areas.

THE GOLD KEY - BODY AWARENESS AND HEALTH TRANSFORMATION:
Develop abilities to manage stress, lower blood pressure, release excess weight. Your body cooperates with you to attain and keep your ideal shape and top health. Learn to release unnecessary discomfort, improve athletic abilities, enhance vision/hearing, and much more. Rejuvenation. The Hypnotic Fountain of Youth is available as a Gold Key Option.

THE RUBY KEY - ESTABLISHING AND ENHANCING RELATIONSHIPS:
Singles learn to choose, attract and stay in a quality relationship with YOUR Right one (Matchmaking also available.)

THE PLATINUM KEY - SPIRITUAL GROWTH:
Meet your Spirit Guides and Higher Self. Explore your past lives. Develop your psychic abilities. Select from among telepathy, astral projection, precognition and other special talents. Advance option: Psychic diagnosis and the Healing Touch. HELPER/HEALERS enhance communication, interpersonal and helping skills of all kinds.

The Bronze Key must be taken before any other Key. The rest may be taken in any order desired. Problem-resolution and achievement of individual goals will continue in all Keys.