

STOP SMOKING

Permanently** *With Hypnosis!*

No cravings
No weight gain
No anxiety
No kidding!

90% Success Rate**

Ottawa's Only



Mike Proulx, Cht., Nlpp., Ishp.
Certified Hypnotist

613.317.1193

Get 50% Off!**

(**Visit our website for details)

StopSmokingSpecialist.ca

For Office use:

Session	Appointment Date	Time
# 1		
# 2		
# 3		

For office use only:

*****Aversion therapy*****

Worst taste in the mouth is (_____)

Page 1 of 4

***** STOP SMOKING *****

Questionnaire / Intake Form

Name (please print clearly) _____ Date of birth: _____

Address: _____ City: _____ Postal Code: _____

Phone day: (_____) _____ Phone Eve: (_____) _____ Cell: (_____) _____

Emergency Contact: _____ Phone: (_____) _____

Family Doctor (optional) _____ Phone: (_____) _____

To help the therapist understand you better, may we ask what type of work you do?

Occupation: _____

***** IMPORTANT: Your Primary Email Address:** _____

(We do not sell, rent or share your email address)

MEDICAL INFORMATION: This confidential information is required in order to better assist you in your custom-tailored hypnosis program.

Do you have any diagnosed Allergies? List them here: _____

Have you any of the following conditions? (Mark with X those that apply)

Diabetes ___ Heart Trouble ___ High Blood Pressure ___

Chronic Pain ___ Asthma ___ Epilepsy ___ Headaches ___

Are you currently under the care of a licensed mental health professional? Yes (___) No (___)

If yes: Anxiety attacks ___ Depression ___ ADD ___ PTSD ___ Bipolar ___ schizophrenia ___

Other: _____

*** Do you have problems hearing? Yes (___) No (___)

*** Are you currently in pain or discomfort? Yes () No ()

Strong () Medium () Light () Explain: _____

Are you afraid of or uncomfortable thinking about – water (ocean) ___ Heights ___ Enclosed Spaces ___

Other (explain) _____

I have other areas of my life that I would like to improve Yes () No ()

If yes - please elaborate here: _____

If you need more space, you can write on flip side of paper: () Check mark here if you have notes on flip side.

YOUR SMOKING PROFILE

To assist the Hypnotist in customizing your sessions for maximum results, we need you to complete the following smoker's profile. Please keep in mind, that our success rate is high, precisely because we custom tailor the sessions to you.

Some of the questions may overlap, answer them to the best of your ability

Have you tried to quit smoking before? YES NO If so how often have you tried? ()

If you only quit once before, how long did it last? ()

If you quit several times before, what was the longest and shortest time without tobacco?

() Longest time () Shortest time

Did you quit cold turkey? () Did you quit by cutting back gradually? () Tried both over time? ()

Have you seen your family doctor regarding your need to quit smoking? YES NO

How many cigarettes have you smoke daily? (5, 10, 15, 20, 25, 30, 35, 40, 45, 50+)

Have you consumed "Light" brands? YES NO

Have you smoked before having breakfast? Always (), Occasionally (), Never ().

Have you smoked just before bedtime? Always (), Occasionally (), Never ().

Have you gotten up at night to smoke? Always (), Occasionally (), Never ().

Have you smoked when you were emotionally upset or elated? YES NO

Have you smoked when the phone rang? YES NO

Have you smoked when you have had alcohol? Always (), Occasionally (), Never ().

Have you smoked outside a bar in bad weather? YES NO

Have you smoked outside your work place during your breaks? YES NO

Do you abstain from smoking during work hours (during breaks & lunches too) YES NO

What favorite beverage have you had with a cigarette? Alcohol, coffee, pop, other: _____

When you've been in an environment where smoking is not allowed, have you craved a cigarette? () or do you not give it much thought? ()

Have you reached for a cigarette when you've been under stress? Always (), Occasionally (), Never ().

Have you eaten or taken a drink in order to clear your pallet of the bitter tobacco taste in your mouth? YES NO

Do you live with one or more smokers? YES NO

Are your closest relationships with people who smoke: Friends () Family () other: _____

How long have you smoked? () When did you start? ()

Why did you start smoking?

When you were growing up and living at home, did your parents/relatives smoke? YES NO

Have you used the nicotine patch? Gum? or Inhaler? Circle the ones you've used.

Have you ever been or are now addicted to nicotine: gum? () patch? () inhaler? ()

Do you know of anyone who has quit smoking using hypnosis? (____)

** Have you ever been hypnotized? YES NO

Do you drink water regularly? YES NO How many glasses per day? (____)

Do you drink colas/pop? Diet or regular brand? How many per day? (____)

When you quit smoking last, had you gained weight? YES NO How much approx? (____)

Do you exercise regularly? YES NO Are you into active sports? YES NO

Your work life is at what level of stress? HIGH MEDIUM LOW

Your home life is at what lever of stress? HIGH MEDIUM LOW

Do you meditate? YES NO How often? _____ per week

What activity do you enjoy the most, the one that calms you and relaxes you? _____

Would you consider yourself a shallow (____) breather or a deep (____) breather?

What have you liked best about smoking? _____

What do you like least about smoking? _____

Do you have strong habits that we need to know about? Marijuana? Alcohol? Other? _____

Are you being nagged or pushed into quitting? YES NO

Please check what applies

- () I want to quit without being irritable.
- () I want to be relaxed when I quit.
- () I want to be relaxed around other smokers.
- () I want to quit without cravings.
- () I want to quit without gaining weight.
- () I want to understand why I will succeed this time.
- () I am quitting to improve my health.
- () I will avoid harming others with second hand smoke.
- () I am quitting to improve my finances
- () I am quitting to satisfy my spouse, (or someone else)
- () I am quitting on advice from my doctor.
- () I look forward to my car, home and clothes smelling better

Summarize in your own words why you wish to be a nonsmoker.

I want to be a nonsmoker because _____

-
-
-
-

- *If you need more space, you can write on the back of this sheet. Please be brief as the hypnotist will explore this further with you during the interview process.



Social Reinforcement: Who in your inner circle of close contacts would be happy to see you stop smoking? People that you care about and who care about your success at stopping smoking. Please list only those whom you interact with on a regular or semi-regular basis.

Parents: Mother (____) Father (____)

Brothers: First Name _____, First Name _____, First Name _____,

Sisters: First Name _____, First Name _____, First Name _____,

Sons: First Name _____, First Name _____, First Name _____,

Daughters: First Name _____, First Name _____, First Name _____,

Grand Children: First Name _____, First Name _____, First Name _____,

Relatives (Please specify – aunts, uncles, grandparents etc.) _____

Close Friends: First Name _____, First Name _____, First Name _____,

Others: First Name _____, Relationship? _____,

First Name _____, Relationship? _____,

Spiritual: If you have the spiritual belief that those that have died are still spiritually present in your life, and would be proud of your stop smoking success, we can give them a voice in your custom hypnosis session.

Example hypnosis script: “Your (Uncle George) is very proud of you that you finally quit smoking.”

Name/Relationship: _____

Aversion Therapy:

Your hypnosis primarily uses positive reinforcement. However, an equally important element in all motivation is the negative reinforcement. For example, if you hate the taste of broccoli, we can include a post-hypnotic suggestion, that cigarettes taste ten times worse than broccoli.

What was the most disgusting taste you’ve every had in your mouth? Something that was so revolting, it almost caused a gagging reflex. What was it? (_____). If you need more time to think about it, you can let us know at your next session.

Please tell us how you heard about us:

Our Website ___ You were referred by: _____

If you found us on the web, do you remember what key words you used to find us?

How would you rate our website on a scale of 0-10 (10 being excellent)?

Ease of navigation (), Clarity of information (), Attractiveness (),
Any comments?

Did you read the entire website? Yes/No Did you mainly scan read the website? Yes/No
If you could isolate the main reason(s) for choosing Mike M. Proulx as your Stop Smoking Hypnotist, what would it/they be?

I confirm that all the information is correct and that I have not omitted any key health condition that may impact or interfere with my hypnosis session. I understand that my facilitator is **not** a licensed medical professional and that he cannot diagnose disease, prescribe for or treat medical conditions or psychiatric disorders. Hypnosis sessions are not a replacement for any medical treatment. The use of suggested supplements is at the total discretion of the client. Mike Proulx will not be held responsible for any adverse effects derived from these suggested supplements. Always consult your licensed health care provider before taking supplements. The human mind is extremely complex, and no one can guarantee specific outcomes. I accept that all hypnosis is explorative in nature and that results will vary. I absolve Mike Proulx of any responsibility from any adverse effects from my willing involvement in this hypnosis exploration.

Re-Scheduling:

You also understand that a **48-hour notice** must be given to cancel an appointment or to rebook it. Without this prior notification, Stop Smoking Hypnosis reserves the right to charge you for the appointment, at the regular rate of \$150 per hour missed session. **NO SHOWS** are **not tolerated** and are subject to above noted penalty fees and termination of services. Mike M. Proulx only works with sincere, serious, committed individuals. The overwhelming majority of clients act responsibly thereby avoiding any financial penalties. Thank you for your understanding.

Terms and conditions:

The true market value for our 3-session program is \$890 (\$150 per hour), as described on our website.* To qualify for the **Half Price** offer of \$445, you must attend all three sessions within 30 days. Should you cancel this 3-session program any time after your first session, this will result in reverting to our non-discounted hourly rate of \$150 per hour (true market pricing as described on our website), and you will be charged a cancellation fee of \$60. Credit/Debit card chargebacks are prohibited without the prior written authorization of Mike Proulx. **Unauthorized** (unethical) charge backs will be sent to a collection agency and additional charges will apply.

Your payment method: Please check mark

\$445 Credit Card	<input type="checkbox"/>
-------------------	--------------------------

\$445 Debit Card	<input type="checkbox"/>
------------------	--------------------------

\$400 Cash discounted	<input type="checkbox"/>
-----------------------	--------------------------

Payment Received: _____ Mike Proulx - Hypnotist

Protection of personal information in the private sector (Bill 68)

With your signature you agree to all the terms and conditions provided on this page and you give us permission to retain your personal information. We shall consider that you consent to our keeping in a file, all information you have already given us, or may give us, orally, in writing, or electronic. This information will not be shared with anyone and when disposed of will be shredded.

Signature: _____ Date: _____

Signed in Ottawa @ 3-320 Glynn Ave. Ottawa, Ontario, K1K 1S1

www.StopSmokingSpecialist.ca
Mike Proulx, Certified Hypnotist. (613) 317-1193

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-----------------------	--------------------------

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With your signature you agree to all the terms and conditions provided on this page and you give us permission to retain your personal information. We shall consider that you consent to our keeping in a file, all information you have already given us, or may give us, orally, in writing, or electronic. This information will not be shared with anyone and when disposed of will be shredded.

Signature: _____ Date: _____

Signed in Ottawa @ 3-320 Glynn Ave. Ottawa, Ontario, K1K 1S1
www.StopSmokingSpecialist.ca Mike Proulx, Certified Hypnotist. (613) 317-1193

CLIENT COPY