



Custom Recording Questionnaire And Order Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____

Zip or Postal Code: _____ Country: _____

Phone Number: _____

Email Address: _____

What name do you want to be called? _____

Current occupation? _____

Age? _____

What are the things you like about yourself? _____

How good do you feel about yourself? Rate 1-10 (10 being the best or highest) _____

Current stress, worries, or anxieties: _____

Any phobias? Yes [] No []

If Yes, please describe: _____

In your own words, fully describe a happy time or event in your life: _____

What would you like to achieve from this hypnosis tape? _____

What benefits will you receive from achieving this goal? _____

Will achieving this goal change things for others in your life? If yes, please list who will be affected and how: _____

What would happen if you never achieved this goal? _____

What have you done to achieve this goal? _____

What has stopped you from achieving this goal? _____

How would you know that you achieved this goal? _____

What would you see? _____

What would you hear? _____

What would you feel? _____

What is motivating you now to want this goal? _____

