(800) 758-1239 * www.smokefreecal.com

Confidential Stop Smoking Questionnaire

Your Success Is Our #1 Priority. Help us to help you attain that success by filling out this questionnaire.

Name_____Date_____
Address_____ Date of Birth_____

_____Zip_____
Hm Phone_____
Cell_____
Wk Phone_____

☐ Yes, please send me your newsletter

Place of Employment/Business
_____
Address_____
_____
Email:
_____

Married_____ Single_____ Divorced_____ Number of Children_____ At Home?_____ Ages of Children_____ Other _____

Have you ever used the services of a hypnotherapist? _____. Personal Coach? ____
If yes, whom? _____/number of sessions. Results: _____
_____
How are things going for you these days overall?
_____
_____
_____

Are you currently under a doctor's care? Yes or No (circle)
Did your doctor recommend that you quit smoking? Yes or No
Doctor's name and address: _____

It is standard procedure for us to notify your Doctor about this smoking cessation program, is that alright? Yes or No

How many cigarettes do you smoke per day? _____

When did you start smoking and why? _____
_____
_____.

What methods have you used (if any) to try to stop smoking before? _____
_____.

What are your top motivations for quitting now? _____
_____
_____
_____.

What is your profession? _____.

Who referred you, or how did you hear about us?
_____.

Is there any other issue or challenge you would like to address or receive more information about? _____

Do you regularly use Alcohol? Recreational Drugs? Current? Past?
_____
_____

Depression? Yes No (circle) Have You Ever Been Diagnosed with Any *Psychological/Mental Disorders? (Ie. Schizophrenia/bipolar/PTSD) Yes/No Please Describe _____

Please List Any Prescription Drugs You Take?
_____
_____

Please acknowledge below:

I understand that hypnotherapists/hypnotists are not required to be licensed psychotherapists in the state of California. If medical advice or psychotherapy is needed it is my responsibility to seek the advice of a qualified professional. I hold harmless and release California Hypnosis Center and associates of all liability for any reason and I accept full responsibility for my experience.

I also understand that the Guarantee includes One FREE backup session which will conclude your Stop Smoking Program. Additional sessions can be purchased at the regular rate of $175.00 per session or $600.00 for a 4-session package. I have 6-months from my original session to complete any required backup sessions and I may be required to complete specific instructions at home. *I understand that if I

have been diagnosed with a mental disorder, results may vary and cannot be guaranteed. We will do everything we can to ensure your success. **NO Refund will be given. Initial _____**

It is our goal that you are successful at becoming a Non-Smoker once and for all, however, there may be unforeseen circumstances, personality traits or issues that will require extra sessions as described above.

Check enclosed _____ *Credit Card _____ Cash _____

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Cost of this program is $495.00**

****For Convenience of Using Your Credit Card There is a $15.00 Convenience Fee Added to Your Total Cost. This is Charged by the Credit Card Processing Company.**

I acknowledge all of the above and authorize you to run my credit card for payment (if applicable) for the Stop Smoking Program.

Please sign here:

_____Date: _____

Thank You….We look forward to working with you. Get Ready for Your New Healthy Life as a Non-Smoker.