



Session Goals & Beliefs Worksheet

This worksheet helps us personalize your hypnosis session using your own words. There are no wrong answers, and everything you write is kept private.

For the best results, please fill out the entire worksheet, every section, with as much detail as you can. The more we know in your own words, the more personal and effective your session will be.

Name

Name you like to be called in session

Date

1. What brings you in?

Describe what is going on in as much detail as you like. When did it start? When, where and with whom does it show up most?

What have you tried before, and what helped or did not help?

Picture your life once this is resolved. What will you be doing, feeling and saying? How will other people notice the change?

2. Pick your theme(s)

Check every theme that fits. Then circle or note your #1 priority.

☐ Confidence & self-worth

☐ Stress, worry & calm

☐ Sleep

☐ Fears & phobias

☐ Quit smoking or vaping

☐ Other habits (nail biting, drinking, etc.)

☐ Healthy eating & body

☐ Motivation, focus & success

☐ Security & social skills

☐ Relationships & communication

☐ Intimacy & sexuality

☐ Grief & letting go

☐ Sports & performance

☐ Business & career

☐ Health goals (with doctor's OK)

☐ Spirituality

☐ Other

My #1 priority theme

How important is this to me? (0-10)

3. Beliefs: what I believe now, and what I want to believe instead

Negative belief (NC): a thought about yourself that holds you back, in your own words, e.g. "I'm not good enough," "I'm not safe," "I can't control it," "I always fail." **Positive belief (PC):** what you want to believe in place of the negative one, even if it does not feel true yet, e.g. "I am enough," "I am safe now," "I am in control," "I can succeed." List as many as you wish. In the last column, rate how true the positive belief feels **right now** from 1 (not at all) to 7 (completely true).

#	Negative belief I hold now (NC)	Positive belief I want to believe instead (PC)	How true now (1-7)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

More beliefs (NC > PC):

4. Details to personalize your session

Fill in only what applies. We use these words in your session so it feels like yours.

Goal word or phrase (e.g., "calm," "free," "confident")	Anchor I'd like (word, touch of thumb and finger, etc.)

Triggers: times, places, people or situations

Habit or substance to change (if any)

Healthy replacement I'd like

Partner / important person's name (if relevant)

Role, sport, instrument or work task (if relevant)

Describe a time you felt strong, calm or proud of yourself (a real memory we can draw on):

Describe your peaceful place (beach, forest, garden, a cozy room...). What do you see, hear, feel and smell?

5. How you like to be guided

Which do you prefer? (check any)

- | | |
|---|---|
| ☐ Gentle and permissive ("you may begin to notice...") | ☐ Clear and direct ("relax now") |
| ☐ Step-by-step explanations first | ☐ Lots of imagery and nature |
| ☐ Counting and simple focus | |

Is there anything you would like us to avoid in imagery, unless it is what you are working on? (check any)

- | | | |
|---|--|--|
| ☐ Going down stairs or elevators | ☐ Water, lakes or the ocean | ☐ Heights or flying |
| ☐ Closed or small spaces | ☐ Being outdoors in nature | |

List any phobias or fears we should stay clear of during your session (ones you are NOT working on in this session) (for example: spiders, dogs, snakes, darkness, being alone, crowds, needles, blood, choking, certain sounds or smells):

Anything else to avoid, or anything else we should know

Client signature

Printed name

Date