

# One-On-One Online Personal Hypnosis Session with Vance Romane

If you need extra space to fill in your answers, please attach a separate sheet.

Name \_\_\_\_\_ Date \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Prov/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email \_\_\_\_\_

Marital status \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Number of children \_\_\_\_\_

Referred by \_\_\_\_\_

Education: Last grade completed \_\_\_\_\_ Occupation \_\_\_\_\_

Medical History: Please list any diseases, allergies, surgeries or medications: \_\_\_\_\_

Habits: Please check all that apply: Alcohol \_\_\_\_ Tobacco \_\_\_\_ Caffeine Beverages \_\_\_\_ Special Diet \_\_\_\_

Other Habits \_\_\_\_\_

How good do you feel about yourself: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

What would make you feel better? \_\_\_\_\_

Any current stress or worries? \_\_\_\_\_

Your General Health is? Good \_\_\_\_\_ Poor \_\_\_\_\_

Are you in physical discomfort? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe condition \_\_\_\_\_

Present Problem (in your own words) \_\_\_\_\_

Why is it important for this change to occur? \_\_\_\_\_

Do other members of your family have the same problem? \_\_\_\_\_

Duration of problem \_\_\_\_\_

Severity of problem \_\_\_\_\_

Times when problem is most evident \_\_\_\_\_

What have you done previously to try and solve the problem?

(A) Professional help \_\_\_\_\_

(B) Medications taken \_\_\_\_\_

(C) Other methods \_\_\_\_\_

Results of these efforts \_\_\_\_\_

Are you aware of any emotional problems or physical conditions that might account for your problem?

What would happen if you never achieved this goal? \_\_\_\_\_

Briefly describe a time in your life when you felt completely relaxed and happy:

Have you ever been hypnotised? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how? \_\_\_\_\_

Do you have any of Romane’s recordings? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which ones \_\_\_\_\_

Why have you chosen hypnosis? \_\_\_\_\_

What do you know about hypnosis? \_\_\_\_\_

Is there anything that you have not yet told me, which you think I should really know? \_\_\_\_\_

Are there any specific thoughts you want Romane to give you during hypnosis while your mind is focused?

Feel free to add a page or two. \_\_\_\_\_

**PLEASE NOTE:**

1. M.V.P. Ltd., *Romane*™ does not offer any programs as a supplement to or replacement for any medical or psychological services rendered for any mental, emotional or physical disorder.
2. M.V.P Ltd., *Romane*™ cannot absolutely guarantee success. Results vary. Please use with physician’s support.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

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