

# **Divine Doorway Clinical Consulting Hypnosis**

## **Basic Assessment**

Name: \_\_\_\_\_

Situation or Problem to be assessed: (i.e. Over eating, Stress, Insomnia, Discomfort)

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What am I currently doing regarding the situation? (i.e. Dieting, exercising, nothing)

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What are my emotions related to my behavior? (i.e. Sad, frustrated, unhappy, etc.)

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What Physical symptoms do I have related to my behavior? (Diabetes, High B/P, etc.)

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How do I imagine myself related to my behavior? (i.e. fat, unhealthy, unattractive, OK)

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What are my thoughts related to my behavior? (Can't stop eating, Wish I could be calm)

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