

<p style="text-align: center;"><b>Sheilah Davis, MA., M.Ht.</b>  <b>Ascension Hypnosis LLC</b>  <b>7600 East Arapahoe Road #315</b>  <b>Centennial, Colorado 80012</b>  <b>Telephone: (303) 731-6938</b>  <b>Sheilah@ManifestChange.com</b></p>	
<p>This form will enable us to create the most effective recording for you. Please print out this form and mail, email, or fax it to Ascension Hypnosis. Thank you.</p>	<p style="text-align: center;">All information is strictly confidential.</p>

**Customized CD Form**

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Occupation: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Best time or method to contact you: \_\_\_\_\_

I prefer (choose one)

A \_\_\_\_\_ Guided Hypnosis Recording.

A \_\_\_\_\_ Subliminal Recording.

**About you**

1. Have you experienced hypnosis before? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Please provide a brief description of the problem you want to eliminate or goal you would like to achieve.

3. How does the problem affect you now?

4. What would your life be like if this were already resolved?

5. What are the positive feelings you will have once you have achieved this goal?(mark the words that apply)

- |                     |          |
|---------------------|----------|
| Alive               | Excited  |
| Calm                | Happy    |
| Capable             | Hopeful  |
| Confident           | Loveable |
| Content             | Proud    |
| Courageous          | Relieved |
| Delighted           | Strong   |
| Other (please list) |          |

6. Please use this area to add any additional positive feelings and affirmations you would like to have that are related specifically to this goal. (At least 5 REQUIRED)

7. List any special accomplishments that may be related to this goal.

8. List three past-times/hobbies.

9. List three favorite places

10. What is your favorite number (from 1 to 9)?

11. Name your three favorite colors

12. Is there any other information you wish to share with us?

13. For Guided Hypnosis Recordings Only: Do you prefer background music?

\_\_\_\_\_ Yes \_\_\_\_\_ No

14. For Subliminal Recordings Only: I prefer (choose one)

\_\_\_\_\_ A Silent Subliminal Recording

\_\_\_\_\_ A Nature Sounds Background \_\_\_\_\_ An Ambient Music Background

**Instructions: Please check off characteristics that relate to your behavior.**

<b>Visual</b>	<b>Auditory</b>	<b>Kinesthetic</b>
1v. Likes to keep written records <input type="checkbox"/>	1a. Prefers having other person read instructions to put a model together <input type="checkbox"/>	1k. Likes to build things <input type="checkbox"/>
2v. Typically reads billboards while driving <input type="checkbox"/>	2a. Reviews for a test by reading notes aloud <input type="checkbox"/>	2k. Uses sense of touch to put a model together <input type="checkbox"/>
3v. Puts model together correctly using written directions <input type="checkbox"/>	3a. Talks aloud while working a math problem <input type="checkbox"/>	3k. Can distinguish items by touch when blindfolded <input type="checkbox"/>
4v. Follows written recipe easily when cooking <input type="checkbox"/>	4a. Prefers listening to a CD over reading a book <input type="checkbox"/>	4k. Learns touch system rapidly when typing <input type="checkbox"/>
5v. Writes on napkins in restaurants <input type="checkbox"/>	5a. Commits zip code to memory by repeating it <input type="checkbox"/>	5k. Moves with music <input type="checkbox"/>
6v. Can build a bicycle with only written directions <input type="checkbox"/>	6a. Uses rhyming words to remember names <input type="checkbox"/>	6k. Doodles & draws on any available paper <input type="checkbox"/>
7v. Review for a test by writing a summary <input type="checkbox"/>	7a. Plans the upcoming week by talking with someone <input type="checkbox"/>	7k. An outdoors person <input type="checkbox"/>
8v. Commits a zip code to memory by writing it <input type="checkbox"/>	8a. Talks to self <input type="checkbox"/>	8k. Moves easily, coordinated <input type="checkbox"/>
9v. Uses visual image to remember names <input type="checkbox"/>	9a. Prefers oral directions from employer <input type="checkbox"/>	9k. Spends large amount of time on crafts <input type="checkbox"/>
10v. A bookworm <input type="checkbox"/>	10a. Stops at a service station for directions <input type="checkbox"/>	10k. Likes to feel texture of clothes & furniture <input type="checkbox"/>
11v. Plans the upcoming week by making a list <input type="checkbox"/>	11a. Prefers talk/listening games <input type="checkbox"/>	11k. Prefers action activities <input type="checkbox"/>
12v. Prefers written directions from employer <input type="checkbox"/>	12a. Keeps up news by listening to the radio <input type="checkbox"/>	12k. Finds it very easy to keep fit physically <input type="checkbox"/>
13v. Prefers to get a map & find own way in strange city <input type="checkbox"/>	13a. Able to concentrate deeply on what another is saying <input type="checkbox"/>	13k. Fastest in the group to learn a new physical skill <input type="checkbox"/>
14v. Prefers games like Scrabble <input type="checkbox"/>	14a. Uses free time while talking with others <input type="checkbox"/>	14k. Uses free time for physical activities <input type="checkbox"/>