



Easily Stop Smoking Now!

Smoking Questionnaire & Intake

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1 How long have you smoked?

2 How many cigarettes do you smoke a day?

3 When do you crave to smoke (environment / location)?

4. When do you smoke that first cigarette of the day?

5 Have you tried to stop before? What made you pick it up again?

6 What are your thoughts about the smoking habit?

7 What are physical effects of smoking for you?

8 Do you take any prescription or non-prescription drugs (smoke pot)?

9 What is the reason for you wanting to stop smoking now?

10 Are you satisfied with your personal life?

11 Anything that you feel will deter you from stopping now?

12 Anyone close to you smoke?

13 Are you frustrated, angry, disgusted with yourself, feel guilty or fearful regarding your smoking?

14 What are the benefits you will receive from being a non-smoker?

15 Anything else you would like to add?

16 Have you ever been hypnotized?

Now that you have filled out the questionnaire, you have probably made yourself more aware of your relationship with smoking than you ever have been. Now is the time to call us **Easily Stop Smoking Now** at 317-525-6539, speak with Charles and set up your appointment to be a NON-smoker for the rest of your life!

You'll need to sign the release form on the next page so that we can work together.

**Easily Stop Smoking Now
Client Intake Form/Disclaimer**

DISCLAIMER FOR HYPNOSIS AND OTHER SUPPORTIVE TECHNIQUES (EMOTIONAL FREEDOM TECHNIQUES, NEURO-LINGUISTIC PROGRAMMING –NLP)

The following statements constitute a legal agreement between us. Please read carefully.

1. I am aware that Charles B Crenshaw Jr, M.S. (Easily Stop Smoking Now and Tools for Joyful Living) is not a physician or licensed psychologist. He is a Consulting Hypnotist, spiritual counselor/personal coach with the goal of helping people remove blocks to reaching their fullest potential in all walks of life.
2. I understand that this program does not include training or treatment in psychology, psychotherapy, or medical procedures.
3. I understand that Charles Crenshaw cannot and will not take responsibility for what I do with these techniques. Accordingly...

_____ I agree that I am taking complete responsibility for my emotional and physical well-being.

_____ I agree to hold Charles free from any claims made by myself or anyone whom I seek to help with these methods.

_____ I understand that you recommend that I use these techniques under the supervision of a qualified therapist or physician, when indicated. I have no intention of substituting the techniques for proper medical care or to use them to try to solve a problem when common sense would indicate it is not appropriate.

4. I understand that while these techniques have often yielded impressive results, there are no guarantees that I will achieve my goals.
5. I understand that there will be no refunds once the session has begun.

ENTERING MY NAME AND DATE BELOW INDICATES MY FULL AND UNCONDITIONAL AGREEMENT WITH THE ABOVE TERMS.

Approved and accepted by: _____ Date: _____ (please print clearly)

Full legal name (Print): _____

Signature: _____

Address (Print): _____

Phone: _____ Email _____