



### Tobacco Intake form

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

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

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Primary Email, please write clearly:  
\_\_\_\_\_

How did you hear of Anew Perspective Hypnosis & Coaching?

Website or web search describe which directory: \_\_\_\_\_

Google search, which term? \_\_\_\_\_

Yellow page book: \_\_\_\_\_

Online directory: \_\_\_\_\_

Referred, by whom: \_\_\_\_\_

Are you currently under a doctor's supervision for physical or mental care, if so whom and for what?

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Are you currently taking any medication, or vitamins? If so, what type and for what purpose?

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Do you have epilepsy? \_\_\_\_\_

Do you exercise, if so what exercise and how often?

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Do you take vitamins, if so do you take a multi-vitamin?

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Do you drink water, if so, how much? \_\_\_\_\_

How long have you smoked/chewed? \_\_\_\_\_

What brand do you smoke/chew? \_\_\_\_\_

How old were you when you started? \_\_\_\_\_

Do your friends or family smoke/chew? If so who?

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Has anyone in your family had cancer, if so who?

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When and where do you have your 1<sup>st</sup> cigarette or chew each day?

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Why do you think you continue to smoke/chew?

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What do you like about smoking/chewing?

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What do you hate about smoking/chewing?

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Why do you want to quit?

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Have you tried to quit before, and if so how long was it for?

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When? \_\_\_\_\_

How many times? \_\_\_\_\_

What caused you to start again?

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When you tried to quit in the past, what helped and what didn't?

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What will be the most difficult situations for you after you quit?

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How will you handle this differently?

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Have you ever had hypnosis before if yes, what was your experience and for what purpose?

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Have you ever had NLP Coaching, Emotional Freedom Technique, Flower Essence, or Rapid Eye Technique, before if yes, what was your experience and for what purpose?

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Describe a magical place were you would feel completely safe and relaxed, such as: The beach , a forest, a hot springs, floating in beautiful puffy clouds etc. use your imagination:

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Describe a food that disgusts you, something you absolutely won't touch?

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Are you Spiritual or Religious? If you what are your beliefs?

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Describe something you did or accomplished that made you feel pleased or proud of yourself. Such as: the moment you got an A on a test, returning something you found or winning an award etc.

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Are you truly ready to be a non-smoker? \_\_\_\_\_

*Congratulations you are on your way!*