

Gwendoline Ford's Holistic Gastric Band Hypnotherapy Client Background Questionnaire

Name:	
Date of birth:	Contact number:
Email:	
GP's name/practice:	
GP's number:	Do you have any mental illnesses? Yes / No
If yes, please list:	
Current weight:	Current BMI:
Signature:	Date:
1. Here and now	
How do you feel when you think about your	current weight?
How would you like to feel about your weigh	nt?
How will you know you have reached your ic	deal weight?
What's stopping you from making the chang	ges you know you need to make in your life?
Are you prepared and willing, with my help, little more?	to make some changes in the way you eat, and to move your body a
2. History	
When did you first become overweight?	
Why did you become overweight then?	
Have you ever been able to lose weight after	r first becoming overweight?
Why did you lose weight then?	
How long did you keep off that weight?	
Why do you think you put weight back on?	
3. Current behaviour	
In what situations do you eat unhealthy food	ds or too much food?
	ealthy eating?
	eating?
	ges you know you need to make in your life?
	l to unhealthy eating:







Gwendoline Ford's Holistic Gastric Band Hypnotherapy Client Background Questionnaire

4.	Beliefs
Why	do you think you eat unhealthily?
Why don't you just stop your unhealthy eating?	
Wha	t do you think will happen if you keep eating like this?
Wha	t do you think when you see other people eating healthily?
What	t do you think when you see other people eating unhealthily?
5.	Past environment
How	would you describe your mother's attitude towards food?
How	would you describe your father's attitude towards food?
Can	you see either of these attitudes reflected in your own attitude towards food?
As a	child, what kind of foods did you eat?
	ou continue to eat such foods now? How frequently?
What	t do you consider 'comfort food'? Is it based in your childhood?
Do y	ou consider yourself an 'adventurous' eater now?
б.	Current environment
	ent lifestyle?
lf yo	u live with others, how would you rate their lifestyles on the same scale?
	many of your meals (including breakfast and lunch) per week, are prepared at home?
Do y	ou live with a partner or spouse?
Does	s your partner/spouse also struggle with their weight?
Whic	ch partner/spouse prepares most of the food?
Do y	ou currently live with or take care of children (biological, step-children, or adopted)?
	hey struggle with their weight?
Do tl	hey often eat unhealthy foods?
7.	Is there anything else you will like to share



d