

**Janet Field**  
**Certified Clinical Hypnotherapist and EFT Practitioner**  
**PO Box 65236, Albuquerque, NM 87193 ~ (505) 797-5935**  
**[www.JanetFieldHypnotherapy.com](http://www.JanetFieldHypnotherapy.com) ~ [JanetField@JanetFieldHypnotherapy.com](mailto:JanetField@JanetFieldHypnotherapy.com)**

**Dates of Class for which you are registering:** \_\_\_\_\_

**\*\* RETURN THIS COMPLETED FORM PLUS \$495 TO JANET FIELD AT ABOVE ADDRESS \*\***

When you receive your first CD, ***“Ready To Thrive; Set for Health”*** and the Part One, ***“Clearing Emotional Blocks”*** class workbook **your new life begins!**

**Feel free to contact me with any questions you have. I look forward to seeing you soon!**

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**Confidential Registration and Client Information Form**

***“WEIGHT RELEASE FOR WOMEN” Class Series***

**Part One: *“Clearing Emotional Blocks”***

**Really think about your answers.**

**This questionnaire lays the groundwork for your success in this series.**

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

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

Birth Date: \_\_\_\_\_ Occupation (or retired from): \_\_\_\_\_

Phone: Primary \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Are you currently under medical care? \_\_\_\_\_ Reason(s): \_\_\_\_\_

Date of last visit to medical practitioner: \_\_\_\_\_ Was there anything notable about the visit?  
\_\_\_\_\_

Does your practitioner recommend you lose weight? \_\_\_\_\_ Reason: \_\_\_\_\_

Medical practitioners' name: \_\_\_\_\_

Have you told your practitioner you are attending this class? \_\_\_\_\_ (*Highly recommended*)

Have you ever been in counseling or therapy before? \_\_\_\_\_ For how long / helpful? (Answer if comfortable) \_\_\_\_\_

Have you ever been hypnotized? \_\_\_\_\_ Why?: \_\_\_\_\_ Helpful? \_\_\_\_\_

Janet Field  
Certified Clinical Hypnotherapist and EFT Meridian Tapping Practitioner  
4707 Butterfield Trail NW, Albuquerque, NM 87120  
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Have you ever used EFT Meridian Tapping? \_\_\_\_\_ For what? \_\_\_\_\_

What do you expect of this class? \_\_\_\_\_

Why did you choose me for this class? \_\_\_\_\_

Do you have dietary restrictions: \_\_\_\_\_ Explain: \_\_\_\_\_

Do you exercise? \_\_\_\_\_ How Often? \_\_\_\_\_ What Type? \_\_\_\_\_

Do you feel stress? \_\_\_\_\_ Circumstances: \_\_\_\_\_

What worries you most? \_\_\_\_\_

When and where do you tend to engage in unhealthy eating habits? (office, car, with friends, TV, etc)  
\_\_\_\_\_

Describe how you will feel and how your life will be in detail after you have released underlying emotion barriers to health: \_\_\_\_\_

How ready are you to discover and release underlying emotional conditions keeping you from full health? (1 (not on your life) to 10 (wild horses couldn't stop me) - honestly) \_\_\_\_\_ Why now? \_\_\_\_\_

How long, in *your* opinion, has weight been an issue? \_\_\_\_\_

What was happening in your life at that time? (Really think about this one) \_\_\_\_\_

Does your health make you physically uncomfortable? \_\_\_\_\_ In what way(s)? \_\_\_\_\_

Does your health make you emotionally uncomfortable? \_\_\_\_\_ In what way(s): \_\_\_\_\_

Do you have any fears or phobias? List/explain: \_\_\_\_\_

Are you embarrassed by your physical/emotional condition? \_\_\_\_\_

Does your health limit you and your activities? \_\_\_\_\_ In what way(s): \_\_\_\_\_

Do you binge eat? \_\_\_\_\_ What triggers your binging? (sadness, boredom, anger, fear, loneliness, stress, anxiety, habit, etc) Please prioritize causes from strongest to weakest: \_\_\_\_\_

How do you feel after you eat for emotional reasons? \_\_\_\_\_

Does food control you? \_\_\_\_\_ In what way? \_\_\_\_\_

In what new activities will you become involved after you regain your full health? \_\_\_\_\_

Do you believe life can be fun and rewarding? \_\_\_\_\_ Are you willing to have it so? \_\_\_\_\_

Do you feel your emotions are normal? \_\_\_\_\_ Details: \_\_\_\_\_

Does your family support your participation in this class series? \_\_\_\_\_

Can you remember being your healthiest? \_\_\_\_\_ What do you remember about that time? (both pleasant and unpleasant) \_\_\_\_\_

Has your health caused you pain or suffering? \_\_\_\_\_ In what way(s)?: \_\_\_\_\_

What are the top 3 emotional reasons be for your current health, size, & shape?

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

What do you most want to change, improve, or achieve from this class series? (*Be specific*):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

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**I understand that my client file will remain completely confidential.**

**I understand that \$100 is non-refundable. The remaining \$395 is only refundable through the end of Class One of the series.**

**I agree to maximize my success by participating fully in :**

- **attending every class; and**
- **completing all assignments**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

***\* I LOOK FORWARD TO THIS JOURNEY WITH YOU \* ~Janet***

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