



**Dr. Brian Hooper, Certified Hypnotherapist  
Custom Recording Questionnaire and Order Form**

Today's Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

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

By what name do you want to be called on your personalized recording? \_\_\_\_\_

Current occupation: \_\_\_\_\_ Age: \_\_\_\_\_

What are the things you like about yourself?

How good do you feel about yourself? Rate 1–10 (10 being the best or highest): \_\_\_\_\_

Current stress, worries, or anxieties:

Any phobias?

Yes  No If yes, please describe:

In your own words, fully describe a happy time or event in your life:

What would you like to achieve from this hypnosis CD?

What benefits will you receive from achieving this goal?

Will achieving this goal change things for others in your life?

Yes  No If yes, please list who will be affected and how:

What would happen if you never achieved this goal?

What have you done to achieve this goal?

What has stopped you from achieving this goal?

How would you know that you achieved this goal?

What would you see in achieving this goal?

What would you hear in achieving this goal?

What would you feel in achieving this goal?

What is motivating you now to want this goal?

What qualities of character would help the most in achieving the goal?

Please note any additional information:

**Total Charges:**

Custom Recording:.....\$175.00

Total amount: ..... \_\_\_\_\_

**Please make your check payable to “Dr. Brian Hooper” and mail payment along with this completed form to the address below. Thank you!**

Dr. Brian Hooper  
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