

Sharon McCann, RPC, RCCH
Counselling & Hypnotherapy

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PERSONAL INFORMATION FOR PAIN MANAGEMENT

This 4-page questionnaire is to be completed on request for a scheduled appointment. **Please bring it with you to the first appointment.** This information will be kept confidential and remain the property of Sharon McCann, RPC, RCCH.

Full Name:

Age:

Email:

Address:

Phone:

May I contact you at home:

Person and phone to call in emergency:

Marital status:

If separated/divorced, how long:

Current family composition:

Religion/Spiritual affiliation:

Race/ethnic/cultural background:

Occupation:

Employer:

Length of employment:

How did you find my service:

Last physical exam:

Are you currently under the care of a physical or mental health care provider? If so, for what reasons:

Are you taking any medications? If so, for what reasons?

Have you ever had a serious accident? Surgeries? Hospitalization? If so, please describe briefly:

How much and what do you do to exercise weekly?

Describe your eating habits:

Describe your sleep patterns:

Women only: Any miscarriages, abortions, postpartum depressions, give-up of a child at birth, etc?

Do you have a diagnosed mental/emotional disorder? If yes, please specify:

Do you have a history of seizures or hallucinations? If yes, please clarify:

May I contact you later to follow up on your success with counselling and/or hypnotherapy?

Would you like to receive email notifications of my events, workshops and special sessions with reduced prices?

Medical doctor's diagnosis and treatment for your pain:

How is your MD's treatment affecting your pain?

What, if any, complimentary health practitioners are assisting you with pain relief? Have their therapies helped? How?

When and what caused your discomfort to first occur?

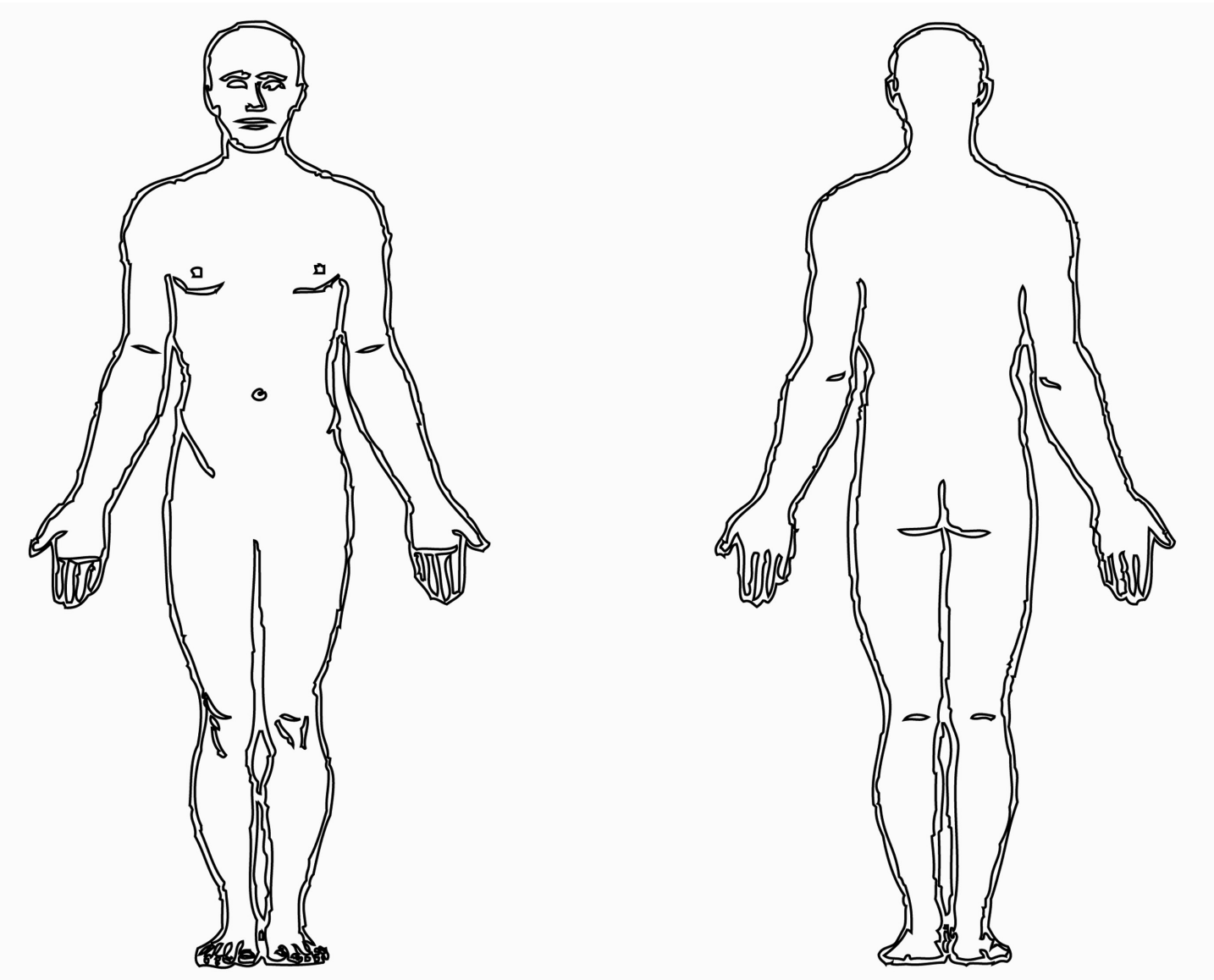
How is the discomfort affecting your life overall?

What, if any, emotions do you associate with your discomfort? Circle any below that apply and/or add others::

Anger	Boredom	Frustration	Grief	Abandonment	Security	Punished
Tension	Anxiety	Embarrassed	Guilty	Depressed	Weak	Stress
Desperate	Shame	Fearful	Lonely	Strong	Sad	Victimized

When does the discomfort tend to be more intense? Where, with whom, how?

Locate on the body image below where you feel discomfort. To mark the location, use a number from 1 to 10, with 10 being the most intense discomfort.



What are you doing to manage your discomfort?

What lifestyle or attitude changes have helped to manage your discomfort?

Who in your life supports you in managing your discomfort?

What would you like to accomplish with counselling and/or hypnotherapy in the management of your discomfort?

Would you like to add other information?