

Zimmer Success Group
Confidential Questionnaire – Sports Performance

Karl@Z-Success.com

Phone: (317) 837-6060

Fax: (317) 614-7627

1A. Your success is our #1 priority. Help us to help you attain that success by filling out this form completely.

Full Name: _____

Address : _____

Tel. Home: _____ **Work:** _____ **Mobile:** _____

E-Mail Address: _____

Date of Birth: ___/___/___ **Sex:** M / F **Marital Status:** M/D/S/W **Spouse's Name:** _____

Children: Y/N Name(s): _____ **Age(s):** _____

Are you currently taking any medication? (Please list, use additional sheet if needed)

Have you ever had seizures? _____ **Yes** _____ **No**

Are you currently under the care of a Doctor? _____ **Yes** _____ **No**

Has your Doctor recommended that you stop smoking or lose weight? _____ **Yes** _____ **No**

Doctor's Name, Address and Phone # _____

It may be appropriate for us to notify your Doctor about your progress with us.

Do we have your permission to do so? _____ **Yes** _____ **No**

What is the main reason for your visit with us, today? _____

Employer (Name, address, phone), and what is your profession? _____

Who referred you, or how did you hear about Zimmer Success Group, Z-Success?

Please turn to the next page.

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Name: _____

1B. For each question, statement, or word, please mark appropriately.

1. Do you experience any of the following feelings or conditions?

_____ Dejected _____ Unable to sleep _____ Anxious
_____ Sadness _____ Irritable _____ Difficulty concentrating
_____ Restless _____ Appetite changes _____ Dizziness/Headache
_____ Excessive Sweating _____ Lonely _____ Other

2. Please describe the situation or performance you wish to improve upon. Be specific. State under what conditions you feel the most stress or pressure and how that affects your performance. _____

3. Do you feel stressed in your daily life? _____ Yes _____ No

4. Which gives you more stress, work/school or home/family? _____ Work _____ Home

5. Have you ever been hypnotized? _____ Yes _____ No

6. What is your favorite vacation destination? _____

7. How will you define success? What has to happen and how will your life be different or better once you have reached “success?” _____

8. Is there anything else that would be helpful for the hypnotist to know so that he can design the best sessions for you, offering you the most helpful course of action? _____

Please turn to the next page - almost finished!

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1C. If you and the hypnotist agree to work together, you will be required to agree to the following by signing below. Hypnotism is most successful when the client is committed to following the appropriate instructions and suggestions of the hypnotist. It is, therefore, important for you to carefully consider and agree to each of the following:

- 1. The hypnotist is responsible for giving instructions that are appropriate for me. I understand that I am responsible for following those instructions and therefore, for my success.**
- 2. I agree to follow the instructions and suggestions of the hypnotist.**
- 3. I agree to pay Zimmer Success Group for their service in accordance to their policies, and I understand that Zimmer Success Group may withhold service should my account not be up-to-date.**
- 4. I understand that it is important for my success to follow the program designed for me by Zimmer Success Group. I agree to keep my scheduled appointments and will call to cancel with greater than 24 hours notice (if at all possible). I understand that if I do not provide greater than 24 hours notice, Zimmer Success Group may charge a cancellation fee of 50% of the session fee, not to exceed \$100.**
- 5. I understand that I may discontinue working with Zimmer Success Group at any time, for whatever reason. If I terminate my relationship with Zimmer Success Group, I will not be required to pay any balance owing for future sessions as long as my account is up-to-date.**
- 6. I understand that Zimmer Success Group guarantees their service and that there is no “money-back” guarantee.**
- 7. I understand that Zimmer Success Group is dedicated to my success and will continue to work with me until I am fully satisfied.**

By signing below, you agree to all the terms and conditions stated.

I hereby affirm that I have read and understand this agreement. By signing below, I am acknowledging my agreement with each of the above statements. I also affirm that I have answered all questions truthfully and completely.

Signature (of parent or guardian for a minor)

Date

**Return completed form via email, fax, or mail to:
Karl Zimmer III, CH
Zimmer Success Group
2680 East Main Street, Suite 210
Plainfield, IN 46168**