

**Zimmer Success Group**  
**Confidential Client Questionnaire ~ Reduce My Stress**

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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:** \_\_\_\_\_

**DOB** \_\_\_/\_\_\_/\_\_\_ **Sex:** M / F **Marital Status:** \_\_\_ (M/D/S/W) **Spouse Name:** \_\_\_\_\_

**Children:** Y/N **Name(s):** \_\_\_\_\_ **Age(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you currently taking any medication? (Please list)**

\_\_\_\_\_

**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 #** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do we have your permission to notify your Doctor about your progress with us?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**What is the main reason for your visit with us, today?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Who is your employer (Name, address, phone), and what is your profession?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Who referred you, or how did you hear about Zimmer Success Group, Be-A-Nonsmoker or Z-Success?**

\_\_\_\_\_

\_\_\_\_\_

**Please turn to the next page.**

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**1B. For each question, please check off those that apply and/or answer as completely as possible.**

**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. Have you ever been hypnotized?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**a. Do you have any concerns about being hypnotized?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**b. Explain:** \_\_\_\_\_

**3. Have you ever had seizures?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**4. What is your favorite vacation destination?** \_\_\_\_\_  
\_\_\_\_\_

**7. Do you feel stressed in your daily life?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**8. Do you feel more stress at work or home?** \_\_\_\_\_ Work \_\_\_\_\_ Home

**Explain specifically what causes you to feel stressed:** \_\_\_\_\_  
\_\_\_\_\_

**9. What have you tried to help yourself deal with the stress?** \_\_\_\_\_  
\_\_\_\_\_

**10. How do you define “success” in terms of reducing stress? How will your life be different or better after you have learned how to deal with and reduce the stress in your life? (Please include any additional information you feel may be helpful. You may attach a separate piece of paper if needed.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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1C. 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

\_\_\_\_\_  
Date

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