

# *Sláinte Solutions*

## *Seven Benefits*

Please list seven of the benefits you expect to gain from making the change you would like to make. The information will be helpful during your session.

Benefits of making the change you want

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

Check as many of the following as it applies to you, and fill in the blank space if appropriate.

\_\_\_\_\_ I often feel as though I should be punished for something I once did.

\_\_\_\_\_ I know of a past experience or relationship that could be causing this problem.

\_\_\_\_\_ I am aware of an internal conflict that may be causing part (or all) of my problem.

\_\_\_\_\_ If I get better, I stand to lose \_\_\_\_\_.

\_\_\_\_\_ If I was not so \_\_\_\_\_, I would be much happier.

If you have any questions about this form or hypnosis, please write them down here.

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