

Heart-Centered Empowerment, LLC

Facilitating Body-Mind-Spirit Alignment
Hypnosis and Holistic Healing Coaching

Benefits Form

Name: _____ Date: _____

What is your main issue or challenge: _____

What are the changes you would like to make? Be as clear, detailed and specific as possible

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

How will these changes benefit and affect your life? How will these changes affect those around you? *For example how would these changes affect your work life? Your colleagues? Your home life? Your family members? Your relationships in general? Your spiritual life? Your down-time? How will they help you show up in life so that you feel awesome? Please list at least seven benefits. This information will be very useful in making positive suggestions to you while in hypnosis.*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Check as many of the following that apply to you and your situation.

- I (often) feel that I should be punished/am being 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 this problem.
- If I get better or change, I stand to lose _____.
- If I weren't so much like _____, I'd be happier.
- If a situation/person (_____) in my life were different, I wouldn't have this problem.