



INTUITIVE HYPNOSIS

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Improving Sports Performance

Name _____ Date _____

1. What is your sport? _____

2. How long have you been active in this sport? _____

3. On a scale of 0 to 10, where are you in regard to your skill level with this sport?

Poor		Average						Excellent		
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How often do you play? _____

5. How often do you practice? _____

6. Please describe the current problem regarding your ability to reach maximum performance.

7. Please describe, as if you were teaching me, exactly what you want to have happen, detail by detail. Please use back of page if your need more room.

8. Are you competing against others?

Yes No

If yes, how often? _____

9. Do you play other sports as well?

Yes No

If yes, please describe. _____

10. What is your ultimate goal regarding your session today?
