



# Self Assessment

Type or print neatly. Fully answer each question. Please send your answers in an e-mail to: [drregal@regalhypnosis.com](mailto:drregal@regalhypnosis.com) or in a fax to Dr. Regal at (404) 419-6449 before our session.

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

Situation (or Presenting Issue) I would like to address is?

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What mental thought(s) do I have concerning this situation?

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What emotional feeling(s) do I have concerning this situation?

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What physical symptom(s) do I have concerning this situation?

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When I experience this situation, I see, hear, taste, touch and/or smell these sensations:

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What do I conclude needs to be done regarding this situation?

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