



Hypnotherapy/Hypno-Psychotherapy Observation Sheet:

Name/Ref:

D.O.B:

Date of session:

Aim of therapy:

Responses during induction:

Time to achieve hypnotic state:

Time to achieve full alertness:

Strength of IMR (Circle as appropriate):

Powerful weak No IMR achieved

Observations noted during therapy:

Weekly progress observation:

Signed: _____ **Date:** ____/____/____

Therapist