

Rhodes Center for Self Improvement

Weight Loss/Management Training Application

Welcome to our program for weight management. Please answer the following questions. Your answers will help us choose the correct path for our journey together. Our hope is that you will effortlessly reach your weight dreams and goals with ease. We will be your coach and your mentor in this effort. All the information contained in this document will be kept strictly confidential.

Please Print or Type

Date _____

Name _____ Nickname _____

Street Address or P. O. Box _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

E-Mail Address _____

Age _____ Date of Birth _____ Male or Female

Occupation _____

Place of Employment _____

Religious Preference (optional) _____

Interests and Hobbies _____

How did you learn of our services? _____

HEALTH QUESTIONNAIRE

Physician's Name & Phone # _____

Name & Phone # of Person to Contact in Case of Emergency _____

Please list the medication, drugs, food or vitamin supplements you routinely take

Are you allergic to anything? Yes or No • If Yes What? _____

Do you usually snore when you sleep? Yes or No

Is your weight gain due to your overeating? Yes or No

How long have you been overeating? _____

Do you have other family members who are overweight? Yes or No

If yes who? _____

What is your goal weight? _____lbs. Goal Size? _____

Can you close your eyes and visualize yourself at your goals? Yes or No

What happened the last time you reached your goal weight, shape and size? _____

In the space below please write why you want to lose weight now?

When is the last time you had a complete physical and blood work by your family doctor?

In the space below please list all fears and other negative emotions, which you have, that in even the smallest way may contribute to your being overweight.

Be sure to include anything which is a source of stress in your life.

Do you now, or have you had in the past 5 years: Circle

- | | |
|---|----------------------|
| 1. History of heart problems, chest pain or stroke. | Yes or No |
| 2. Increased blood pressure. | Yes or No |
| 3. Any chronic illness or condition. | Yes or No |
| 4. Difficulty with physical exercise. | Yes or No |
| 5. Advice from physician not to exercise. | Yes or No |
| 6. Recent surgery (last 12 months). | Yes or No |
| 7. Pregnancy (now or within last 3 months). | Yes or No |
| 8. History of breathing or lung problems. | Yes or No |
| 9. Muscle, joint, or back disorder, or any previous injury still affecting you. | Yes or No |
| 10. Diabetes or thyroid condition. | Yes or No |
| 11. Cigarette smoking habit. (If so, # packs per/ day) | Yes or No
_____ |
| 12. Obesity (more than 20% over ideal body weight). | Yes or No |
| 13. Increased blood cholesterol. | Yes or No |
| 14. History of heart problems in immediate family. | Yes or No |
| 15. Hernia, or any condition that may be aggravated by lifting weights. | Yes or No |
| 16. Rapid or runaway heartbeat. | Yes or No |
| 17. Skipped heartbeat. | Yes or No |
| 18. Rheumatic fever. | Yes or No |
| 19. Has your doctor ever said your blood pressure was too high? | Yes or No |
| 20. Shortness of breath with or with out exercise? | Yes or No |
| 21. Phlebitis or embolism. | Yes or No |
| 22. Stroke. | Yes or No |
| 23. Do you frequently have pains in your heart and chest? | Yes or No |
| 24. Has your physician ever said you have heart trouble? | Yes or No |
| 25. Do you often feel faint or have spells of severe dizziness? | Yes or No |
| 26. Are you over age 65 and not accustomed to vigorous exercise? | Yes or No |
| 27. Are you unaccustomed to vigorous exercise? | Yes or No |
| 28. Has your doctor ever told you that you have a bone or joint problem that has been or could be made worse by exercise? | Yes or No |
| 29. Recent hospitalization for any cause. List Specifics: | Yes or No |

30. Orthopedic problems (including arthritis). List specifics: Yes or No

31. Has a doctor ever told you, you have an "lazy" Gallbladder? Yes or No

Please explain any yes answers or comments:

What types of exercise are you currently in or interests you?

Walking _____ Jogging _____ Swimming _____

Cycling _____ Dance Exercise _____

Strength Training _____ Stationary Biking _____

Racquetball _____ Tennis _____

Other Aerobic _____

What are your personal fitness goals?

Do you exercise At ? home _____ in a fitness Center _____

Present Weight _____ Target Weight _____ Height _____

Communicator Style Questionnaire

This following assessment questionnaire will provide us with knowledge on how you receive, process, store, act upon and communicate information. This is necessary so that we will know how to phrase the wording of the suggestions that we give to you while you are in hypnosis.

There are five parts to this questionnaire. Some of the questions may appear to be the same as others, but there will always be some slight, but important differences. Please read each question very carefully and **answer every question.**

#	PART ONE QUESTIONS	YES	NO
1.	Have you ever walked in your sleep during your adult life?		
3.	Do you have a tendency to look directly into a person's eyes and/or move closer to them when discussing something interesting?		
4.	In a group situation with people you have just met, would you feel comfortable drawing attention to yourself by initiating a conversation?		
5.	When asked a question that can be answered with a simple "yes" or "no" do you usually find it difficult to give an answer without also qualifying or explaining your answer?		
6.	When expressing your ideas, do you find it important to relate all the details leading up to the subject so the other person can understand it completely?		
7.	Do you prefer reading (or watching on TV) fiction (not real) rather than non-fiction (real)?		
8.	Do you feel that you are a good conversationalist?		
9.	Do you tend to lose yourself in movies, books, and/or TV shows?		
10.	Do you tend to know what people are going to say before they say it?		
11.	Do powerful visual images ever trigger a physical sensation with in you? (For example: do you feel thirsty while watching a desert scene in a movie or on TV?)		
12.	Have you ever " Zoned Out " while going somewhere and wondered how you had gotten there?		
13.	Do you ever sense when someone has entered a room before you see actually that person?		
14.	Do you like to look at cloud shapes and relate them to physical objects?		
	PART TWO QUESTIONS	YES	NO
1.	Have you ever awakened in the middle of the night and felt that you could not move or talk?		
2.	When you were a child were you more affected by the tone of your parents' voices rather than by what they actually said?		
3.	If you have been in an argument with someone, after the argument is over do you have a tendency to think about what you could have or should have said?		
4.	Do you have a tendency to give direct orders to others and to make blunt statements?		
5.	Do you often have a fear or a dread of not being able to carry on a conversation with someone you've just met?		
6.	If you had your choice, would you rather avoid being around young children most of the time?		
7.	Are you usually offended or upset when someone gives you a direct order to do something?		
8.	Do you generally see yourself less favorably than others see you?		
9.	In a new class or lecture situation do you usually feel uncomfortable asking questions in front of the group even though you may desire further explanation?		
10.	In a group situation with people you have just met, would you feel uncomfortable drawing attention to yourself by starting a conversation?		
11.	If you are in a relationship or very close to someone, do you find it difficult or embarrassing to speak of your love or affection for that person?		
12.	Do you seldom experience any emotions when looking at a beautiful sunset?		

13.	Do you consider yourself to be quiet and reserved ?		
14.	Do you have a tendency to remember your mistakes and or failures more than your successes?		
PART THREE QUESTIONS		YES	NO
1.	When you put something together, do you usually read the directions first?		
2.	Wherever you are can you usually tell directions like north and south?		
3.	When looking at objects on paper, can you usually determine if they are the same no matter which way they are turned?		
4.	When others are talking, do you usually create images in your mind (mental pictures) of what they are saying?		
5.	Do you prefer reading a newspaper to hearing the news on radio?		
6.	Do you like to write letters or keep notes in a journal?		
7.	When you recall an experience do you usually see mental pictures of it?		
8.	Do you often doodle when you are on the phone or in a meeting?		
9.	Do you like reading more than listening to audiotapes or CDs?		
10.	Can you multiply and add quickly in your head?		
PART FOUR QUESTIONS		YES	NO
1.	When watching a sporting event (in person or on TV) do you like to listen to the radio broadcast of the same event?		
2.	When you are alone, do you usually have music playing or do you hum or sing to yourself?		
3.	When you talk, are you likely to say things like, "I hear ya", "that sounds good" or "that rings a bell."?		
4.	Do you feel that without music, life wouldn't be as good?		
5.	Are you usually very comfortable in social groups and/or can you usually strike up a conversation with most anyone?		
6.	Do you like talking better than writing?		
7.	Is it easy for you to talk for long periods of time on the phone with your friends?		
8.	When you recall an experience, do you usually hear the sounds and talk to yourself about it?		
9.	Do you know most of the words to the songs you listen to?		
10.	Can you easily remember what people say?		
PART FIVE QUESTIONS		YES	NO
1.	Do you like playing physical sports better than reading books?		
2.	Is your room, office, desk, car and/or house usually disorganized ?		
3.	Had you rather do something rather than watch someone else do it?		
4.	Do you think you are a good athlete ?		
5.	Do you usually say things like, "I feel, I need to get a handle on it, or get a grip"?		
6.	When you recall an experience, do you mostly remember how you felt about it?		
7.	Do you prefer to act things out rather than to write about them?		
8.	Do you usually speak slowly?		
9.	Is your handwriting usually not neat ?		
10.	Do you often use your finger to point at the words when you read?		

I, (**print name**) _____ do hereby make application to MFTI, Inc. doing business as Rhodes Center for Self Improvement for the purpose of changing my body weight, shape and size and improving certain other areas of my life.

I am aware that hypnosis for non-medical and non-health care purposes will be used in this treatment. I also acknowledge that a form of energy healing known as Energy Psychology may be performed by Jack Rhodes, PhD and Suzette Northcutt Rhodes RN, PhD, as part of this process.

In consideration of my participation in a Health and Wellness Weight Loss, Program supervised by Jack D Rhodes & Suzette Northcutt Rhodes. I do hereby agree to hold free from any and all liability Jack D Rhodes & Suzette Northcutt Rhodes and their heirs, anyone they may represent, for myself, my heirs, executors and administrations, waive release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of or connected with my participation in the Health and Wellness Weight Loss Program.

I have been informed that the methods used in Energy Psychology are designed to reduce stress, fears and other negative emotions, increase physical and emotional wellbeing and in the long term attain a more peaceful and empowered life-style. I further understand that, because these methods are relatively new, the extent and breath of their effectiveness, including risks and benefits, are not yet fully known. I have been advised of the following:

- Emotional/physical discomfort or memories of past stressful situations may surface briefly during any session that neither Dr. Rhodes I can fully anticipate.
- Distressing emotions may continue to surface after a session and give indication of other incidents that may need to be address.
- I will be learning how to perform personal self care by working with my own energy system to effective eliminate such distress.
- Previously vivid memories of stressful situations may fade. This could adversely impact my ability to provide detailed legal testimony regarding a past traumatic incident.

I have been advised that there are currently no known side effects to the use of hypnosis or energy-oriented techniques, when properly used by a trained practitioner.

I have also been advised that hypnosis and energy healing are not substitutes for adequate medical or psychiatric treatment. I have been advised not to stop any current medical treatment without previous consultation with my health care practitioner.

I acknowledge that the procedures and cost of this treatment have been explained to me to my satisfaction and I also acknowledge that no expressed or implied warranties or guarantees are being made in regard to the outcome of this treatment.

I accept full responsibilities for all of my actions and I agree to hold harmless Jack D. Rhodes, Suzette Northcutt Rhodes, Rhodes Center for Self Improvement and MFTI, Inc.

Applicant's Signature _____ **Date** _____

Accepted For Rhodes Center for Self Improvement by _____ **Date** _____

The MFTI, Inc. offices are located in suite 221 and 224 of the Weokie Credit Union Office Building at 5909 North West Expressway in Oklahoma City. That is near the intersection of MacArthur and N.W. Expressway.

If coming from the south take Interstate 35 into Oklahoma City to the junction with Interstate 40 west (toward Amarillo). Go west on I-40. Exit onto I-44 east toward Tulsa. You will actually be going north on I-44, but the designation is east.

Move into the center lane and stay there for a little while. After a couple of miles I-44 will split off to your right. By staying in the center lane you will then be on the Lake Hefner Parkway.

After the I-44 split you can move over into the extreme right lane and look for the N.W. Expressway exit. Take that exit ramp and stay in the left lane. It's up a rather steep grade. At the top of that hill, at the signal light, take a left. You are then on N.W. Expressway about 2.5 miles from my office building.

If you are coming in from the southwest on I-44, after you pass under I-40 move into the center lane and stay there for a little while. After a couple of miles or so, I-44 will split off to your right. By staying in the center lane you will then be on Lake Hefner Parkway.

After the I-44 split you can move over into the extreme right lane and look for the N.W. Expressway exit. Take that exit ramp and stay in the left lane. It's up a rather steep grade. At the top of that hill, at the signal light, take a left. You are then on N.W. Expressway about 2.5 miles from my office building.

The entrance to the Weokie Credit Union Office building will be on your right, just beyond the intersection of N.W. Expressway and MacArthur. It is just passed a drive in restaurant called the Charcoal Oven.

If the parking lot in front of the building is full there is plenty of parking in the rear. If you park in the rear enter the building through the tunnel and take the first entrance. The elevator is just inside. Call me when you get to the building (405) 397-6690) and I will meet you in 2nd floor lobby, just inside the glass doors.