



# Application To MFTI, Inc. For Sports Mental Training

While it may appear to be treatment hypnotherapy is really a re-learning process. Therefore, we refer to what we do as training. We are about to create for you a custom, positive mental fitness training program that will address your particular, special needs. In order to achieve maximum effective-ness in your training, we must have as much accurate information about you and your situation as possible. Therefore, we ask that you be thorough in completing this application. All of your answers are kept strictly confidential.

Thank you for your cooperation.

**Please Print Clearly or Type your answers**

Date \_\_\_\_\_ What is your primary sport? \_\_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Street Address or P. O. Box \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Time Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

Fax No. ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Age \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Male  or Female

Occupation \_\_\_\_\_ If Student, Grade or Classification \_\_\_\_\_

Name of Place of Employment or School \_\_\_\_\_

Religious Preference (optional) \_\_\_\_\_

Interests and Hobbies \_\_\_\_\_

Have you been hypnotized previously? Yes  or No  • If Yes for what purpose? \_\_\_\_\_

Do you take any type of mind-altering drugs (prescription or otherwise)? Yes  or No

If yes what and how often? \_\_\_\_\_

Have you ever been diagnosed as having Attention Deficit Disorder? Yes  or No

Do you usually snore when you sleep? Yes  or No

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

How did you learn of our services? \_\_\_\_\_



# Receiver And Communicator Style Questionnaire

This following assessment questionnaire will provide us with the knowledge that we need 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 sleight, but important differences. Please read each question very carefully and **answer every question**.

Check One

NO.	<b>PART ONE QUESTIONS</b>	YES	NO
1.	Have you ever walked in your sleep during your adult life?		
2.	As a teenager, did you feel comfortable expressing your feelings to one or both of your parents?		
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.	Do you feel that when you meet people for the first time they are <b>uncritical</b> of your appearance?		
5.	In a group situation with people you have just met, would you feel comfortable <b>drawing attention to yourself</b> by initiating a conversation?		
6.	Do you <b>feel comfortable</b> holding hands or hugging someone you are in a relationship with in front of other people?		
7.	When someone talks about feeling <b>warm physically</b> , do you begin to <b>feel warm</b> also?		
8.	Do you occasionally have a tendency to <b>tune out</b> when someone is talking to you because you are anxious to come up with your side of it, and at times not even hear what the other person said?		
9.	When asked a question that can be answered with a <b>simple "yes" or "no"</b> do you usually find it difficult to give an answer without also qualifying or explaining your answer?		
10.	When expressing your ideas, do you often leave sentences unfinished or "dangling" and go on to your next idea?		
11.	When expressing your ideas, do you find it important to <b>relate all the details</b> leading up to the subject so the other person can understand it completely?		
12.	Do you enjoy relating to and being with other people?		
13.	Are you <b>at ease and comfortable</b> with your body movements, even when faced with unfamiliar people and circumstances?		
14.	Do you prefer reading (or watching on TV) <b>fiction</b> (not real) rather than non-fiction (real)?		
15.	If you were to imagine sucking on a sour, bitter, juicy, yellow lemon, would your mouth water?		
16.	If you feel that you deserve to be complimented for something well done, would you feel comfortable if the compliment is given to you in front of other people?		
17.	Do you feel that <b>you are</b> a good conversationalist?		
18.	When speaking do you have a tendency to <b>use a lot of pronouns</b> , such as "he", "she" and "it"?		
19.	Do you have many <b>vivid</b> memories from your childhood?		
20.	Do you tend to <b>lose yourself</b> in movies, books, and/or TV shows?		
21.	Do you tend to know what people are going to say before they say it?		
22.	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?)		
23.	Have you ever " <b>Zoned Out</b> " while going somewhere and wondered how you had gotten there?		
24.	Do you ever sense when someone has entered a room before you see actually that person?		
25.	Do you like to look at cloud shapes and relate them to physical objects?		
	<b><i>This box is for office use only – Go on to next questions</i></b>		

<b>PART TWO QUESTIONS</b>		<b>YES</b>	<b>NO</b>
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 <b>the tone</b> of your parents' voices rather than by what they actually said?		
3.	Can you usually <b>take a hint</b> and/or get the point of a joke quickly?		
4.	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?		
5.	Do you have a tendency to give <b>direct orders</b> to others and to make blunt statements?		
6.	Do you sometimes desire to be complimented for a job well done, but <b>feel embarrassed</b> or uncomfortable when the compliment is given?		
7.	Do you often have a <b>fear or a dread</b> of not being able to carry on a conversation with someone you've just met?		
8.	Do you feel <b>self-conscious</b> when attention is drawn to your physical body or your appearance?		
9.	If you had your choice, would you rather <b>avoid</b> being around young children most of the time?		
10.	Do you feel that you are <b>not relaxed</b> or loose in your body movements when you are faced with unfamiliar people or circumstances?		
11.	Are you usually offended or upset when someone gives you a <b>direct order</b> to do something?		
12.	If someone describes a bitter taste do you have <b>difficulty</b> experiencing the physical feeling of it?		
13.	Do you generally see yourself <b>less favorably</b> than others see you?		
14.	Do you feel <b>awkward or self-conscious</b> initiating touch (holding hands, kissing, etc.) with someone you are in a relationship with in front of other people?		
15.	In a new class or lecture situation do you usually feel <b>uncomfortable</b> asking questions in front of the group even though you may desire further explanation?		
16.	Do you feel <b>uneasy</b> if someone you have just met looks directly into your eyes when talking to you, especially if the conversation is about you?		
17.	In a group situation with people you have just met, would you feel <b>uncomfortable</b> drawing attention to yourself by starting a conversation?		
18.	If you are in a relationship or very close to someone, do you <b>find it difficult</b> or embarrassing to speak of your love or affection for that person?		
19.	Do smells or odors <b>seldom or never</b> produce memories for you?		
20.	Do you <b>seldom</b> experience any emotions when looking at a beautiful sunset?		
21.	Are you <b>often surprised</b> by comments made by other people?		
22.	Do you consider yourself to be <b>quiet and reserved</b> ?		
23.	Do you have a tendency to <b>remember your mistakes</b> and or failures more than your successes?		
24.	When you are angry do you usually try to <b>suppress</b> that anger?		
25.	Do you have a <b>low tolerance</b> for pain?		
<i><b>This box is for office use only – Go on to next questions</b></i>			
<b>PART THREE QUESTIONS (Visual)</b>		<b>YES</b>	<b>NO</b>
1.	When you put something together, do you usually <b>read the directions</b> first?		
2.	Wherever you are can you usually <b>tell directions</b> like north and south?		
3.	When looking at objects on paper, can you usually determine if they <b>are the same</b> no matter which way they are turned?		
4.	When others are talking, do you usually <b>create images</b> in your mind (mental pictures) of what they are saying?		
5.	Do you prefer <b>reading</b> a newspaper to hearing the news on radio?		
6.	Do you <b>like</b> 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 <b>often doodle</b> when you are on the phone or in a meeting?		
9.	Do you <b>like reading</b> more than listening to audiotapes?		
10.	Can you multiply and add quickly in your head?		
11.	Do you like spelling and think you are a good speller?		
12.	Do you like to <b>write down instructions</b> that people give to you?		
13.	Do you like to keep <b>written records</b> ?		
14.	Do you typically <b>read</b> billboards while driving?		
15.	Can you put something together easily using <b>written</b> directions?		
16.	If you were cooking could you follow <b>written</b> recipes easily?		
17.	Do you review for a test <b>by writing</b> summary or notes?		
18.	Do you <b>write</b> on napkins in a restaurant?		
19.	Do you commit a zip code or phone number to memory by <b>writing</b> it?		
20.	Do you use <b>visual images</b> to remember names?		
21.	Do you consider yourself to be an <b>avid reader</b> or even a bookworm?		
22.	Do you plan the upcoming week by <b>writing</b> it down?		
23.	Do you prefer <b>written directions</b> from an employer, teacher or customer?		
24.	If you were in a strange city would you prefer to get a map and <b>find your own way</b> ?		
25.	Do you often think in <b>images</b> rather than words?		
	<b><i>This box is for office use only – Go on to next questions</i></b>		
	<b>PART FOUR QUESTIONS (Auditory)</b>	<b>YES</b>	<b>NO</b>
1.	When watching a sporting event (in person or on TV) do like to <b>listen</b> to the radio broadcast of the same event?		
2.	When you are alone, do you usually have <b>music playing</b> 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 <b>very comfortable</b> in social groups and/or can you usually strike up a conversation with most anyone?		
6.	Do you like <b>talking</b> better than writing?		
7.	Is it easy for you to <b>talk</b> for long periods of time on the phone with your friends?		
8.	When you recall an experience, do you usually <b>hear</b> the sounds and talk to yourself about it?		
9.	Do you know most of the <b>words</b> to the songs you listen to?		
10.	Can you easily <b>remember</b> what people say?		
11.	Do you get very distracted if someone talks to you when the TV is on?		
12.	Do you like <b>music</b> better than art?		
13.	Do you prefer to have someone else read instructions or directions while you are building or assembling something or cooking?		
14.	Do you review for a test by <b>reading</b> notes aloud or by <b>talking</b> with others?		
15.	Do you <b>talk aloud</b> when working on math problems or crosswords?		
16.	Do you prefer <b>listening</b> to an audio recording over reading the same material?		
17.	Do you commit zip codes or phone numbers to memory by <b>saying</b> them aloud?		
18.	Do you uses <b>rhyming words</b> to remember names?		
19.	Do you plan the upcoming week by <b>taking</b> it through with someone?		
20.	Do you prefers <b>oral</b> instruction from an employer, teacher or customer?		
21.	If you were in an unfamiliar location would you feel <b>comfortable</b> asking a stranger for directions?		
22.	Do you prefers <b>talking / listening</b> games over playing video games?		
23.	Do you keeps up on the news by <b>listening</b> to the radio (rather than TV)?		

24.	Are you able to <b>concentrate</b> deeply on what another person is <b>saying</b> ?		
25.	Do you spend much of your free time by <b>talking</b> with others on the phone or in person?		
<b><i>This box is for office use only – Go on to next questions</i></b>			
<b>PART FIVE QUESTIONS (Kinesthetic)</b>		<b>YES</b>	<b>NO</b>
1.	Do you like playing <b>physical sports</b> better than reading books?		
2.	Is your room, office, desk, car and/or house usually <b>disorganized</b> ?		
3.	Had you rather <b>do something</b> rather than watch someone else do it?		
4.	Do you think you are a <b>good athlete</b> ?		
5.	Do you usually <b>say things</b> 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 <b>felt</b> about it?		
7.	Do you prefer to <b>act things out</b> rather than to write about them?		
8.	Do you usually speak slowly?		
9.	Is your handwriting usually <b>not neat</b> ?		
10.	Do you often use your <b>finger to point</b> at the words when you read?		
11.	Do you learn best <b>by doing</b> ?		
12.	Is it hard for you to be <b>still</b> for a long period of time?		
13.	Do you like to build things or working <b>with your hands</b> ?		
14.	Do you use your <b>sense of touch</b> to put things together?		
15.	Can you easily distinguish items <b>by touch</b> in the dark or blindfolded?		
16.	If you were to take a typing course do you think that you could learn the touch system rapidly (or did you)?		
17.	Do you often <b>move with the rhythm</b> or beat of music?		
18.	Do you often <b>doodle or draw</b> on any available paper?		
19.	Are you an <b>out-of-doors</b> person?		
20.	Are you <b>well coordinated</b> in your body movements?		
21.	Do you spend a large amount of your leisure time on crafts, handiwork or <b>physically building</b> things?		
22.	Do you like to <b>feel</b> the texture of things?		
23.	Do you prefer <b>physical games</b> to video games?		
24.	Do you find it fairly easy to keep physically fit?		
25.	Do you use your free time for physical activities such as sports or exercise?		
<b><i>This box is for office use only – Finish the section below</i></b>			

I, **(print name)** \_\_\_\_\_ do hereby make application to MFTI, Incorporated, doing business as **Your Mental Gym**, for Positive Mental Fitness Training for the purpose of improving my performance in sports and certain other areas of my life that I have listed and/or indicated on page 2 of this application. I am aware that hypnosis for non-medical and non-health care purposes may be used in this training. I acknowledge that no medical diagnosis and or treatment will be conducted and the procedures and cost of this training have been explained to me to my satisfaction. I also acknowledge that no expressed or implied warranties or guarantees are being made in regard to the outcome of this training. I accept full responsibility for all of my actions and agree to hold harmless Jack D. Rhodes and MFTI, Inc.

**Applicant's signature** \_\_\_\_\_

Continue to next page

**Complete the following section if the person making application for this training is below the age of 18 (a minor child) and you are the parent or legal guardian of that minor child.**

*I, (print name) \_\_\_\_\_ am the parent or legal guardian of the minor child making application for this training and I hereby give and grant permission to MFTI, Inc to provide hypnosis mental fitness training services for and to the minor child named above. I accept full responsibility for all of the action of this minor child and agree to hold harmless Jack D. Rhodes and MFTI, Inc.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

**STOP HERE**

Accepted for MFTI, Inc By \_\_\_\_\_ Date \_\_\_\_\_

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When you have completed filling out this application please return it my mail to:

**MFTI, Inc.**

**5909 Northwest Expressway, Suite 2121**

**Oklahoma City, OK 73132**

**Or bring it with you when you come in for your first session.**

**If you have any questions please call (405) 397-6690**

The web site is [www.YourMentalGym.com](http://www.YourMentalGym.com)

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