

Please fill out the following information as completely as possible. **All information will be treated as confidential and will not be shared with anyone without your permission.**

Name.....

Address.....

.....

Date of birth.....

Phone.....

Cell phone.....

Email.....

How did you find out about this practice?.....

Have you ever been hypnotised?.....

What would you like help with?

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What do you want to accomplish.....

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Medical conditions and have you had a serious accident injury, trauma, illness?.....

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Do you have any current health problems?.....

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Are you under a Doctors or specialists care?

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Are you currently taking any medication ?.....

Would you like to know about any workshops that I may do in the future?

Please turn over:

