



REGISTRATION FORM

LAST NAME: _____ FIRST NAME: _____ M.I. _____

MAILING ADDRESS: _____

TELEPHONE: _____ EMAIL _____

IS IT OKAY TO LEAVE A MESSAGE AT YOUR PHONE #? _____

WOULD YOU LIKE ME TO CONFIRM YOUR APPOINTMENT THE DAY BEFORE? _____

IF YES, PHONE OR EMAIL? _____

DATE OF BIRTH _____ IF UNDER 18, PARENT'S NAME: _____

OCCUPATION: _____

HOBBIES: _____

HAVE YOU EVER HAD HYPNOTHERAPY? _____

IF YES, WHAT WAS YOUR EXPERIENCE? _____

WERE YOU REFERRED BY SOMEONE? _____

WHY ARE YOU HERE? _____

HOW HIGH WOULD YOU RATE YOUR STRESS LEVEL? (1 VERY MINIMAL, 10 EXTREME) _____

IN THE UNLIKELY EVENT OF EMERGENCY, WHO SHOULD BE NOTIFIED?

NAME _____ PHONE _____

I UNDERSTAND THAT INSURANCE GENERALLY DOES NOT COVER HYPNOTHERAPY. I HAVE RECEIVED A COPY OF THE CLIENT DISCLOSURE FORM.

Signed: _____ Date: _____

Parent (If under 18): _____ Date: _____