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**This information is strictly confidential**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alt Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mailing address:

Billing Address:

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Have you ever been treated for a mental or emotional problem YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been diagnosed as Manic Depressant; Bipolar or Schizophrenic? \_\_\_\_\_

Are you currently receiving treatment or counseling? YES \_\_\_\_\_ NO \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever been hypnotized before? \_\_\_\_\_ By Whom \_\_\_\_\_

Nature of present problem: (Reason you are coming for hypnosis)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any previous efforts to solve the problem? \_\_\_\_\_

Results? \_\_\_\_\_

I understand that all the information contained on this form and in my files is strictly confidential and cannot be released without your express written permission. There will be no cash refunds for professional services rendered. Missed appointments and appointments cancelled or rescheduled with less than 24 hours notice will be charged a \$50 cancellation fee.

Signature: \_\_\_\_\_ Date \_\_\_\_\_