

Jill Thomas C.C.H.T.
Hypnotherapist
760-803-2841
www.healthyhabitshypnosis.com
info@healthyhabitshypnosis.com

This information is strictly confidential

Name: _____ Phone: _____

Email address: _____ Alt Phone: _____

Occupation: _____

Mailing address: _____ Billing Address: _____

Have you ever been treated for a mental or emotional problem? YES___ NO___

Have you ever been diagnosed as Bipolar or Schizophrenic? YES___ NO___

Have you ever been diagnosed with Borderline Personality Disorder? YES___ NO___

Are you currently receiving treatment or counseling? YES___ NO___

If yes, for what issue? _____

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: _____