



the flow center  
HYPNOSIS. LIFE FLOWS AGAIN.

Date \_\_\_\_\_

Email \_\_\_\_\_  
(may I send you a newsletter? Y/N)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Main Phone \_\_\_\_\_ DOB \_\_\_\_\_

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

Emergency Contact: (name and number) \_\_\_\_\_

Single / Married / Partnership / Widowed / Separated / Divorced

Your Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

Have you been hypnotized before? If yes for what? \_\_\_\_\_

Name of primary physician \_\_\_\_\_ phone \_\_\_\_\_

Is it OK to send him/her a letter stating you are using hypnosis? Yes/No

Please list any medications you are taking and what they are addressing \_\_\_\_\_

\_\_\_\_\_  
Please write a paragraph explaining your current situation and how you feel we can help you today: