



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: