

**Helga Rahn, Certified Hypnotist
Inner Harmony Hypnosis**

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Client Information

_____ Single Married Separated Divorced Widowed

First Name Middle Initial Last Name

Address Number Street Apt. # Age Birth Date

City State Zip Code Occupation

Home Phone Number Work Phone Number Cell Phone Number

Email Address Reference Source

Purpose for Visit: _____

Have you ever been diagnosed to have a Physical, Mental or Emotional Disorder, Disease or Illness? YES NO

If YES, please Describe: _____

Have you ever had a Seizure or been diagnosed to have Epilepsy? YES NO

If YES, please Describe: _____

Are you taking any Anti-Depressant or Anti-Anxiety Medication? _____

If YES to any of the above questions, name of Primary Physician: _____

Do you have any past experience with Hypnosis? YES NO

If YES, please explain for what Reason / Rate of Success: _____

List any major fears or phobias (water, heights, animals, other): _____

Credit Card Information

Card Type: MasterCard Visa American Express Discover Card Debit Card

Name on Card: _____

Card Number: _____

Expiration Date: _____ / _____ Security Code (3 digit numbers on back): _____

Address on Credit Card (if different from above): _____

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