



InSpeier Hypnosis
Marcia Speier, CHT, B. MSC
HYPNOSIS FOR CONSCIOUS HEALTH

NEW CLIENT INFORMATION FORM

Date _____

Name _____

Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-mail address _____

(optional - newsletters, upcoming promotions, events, etc.)

Date of Birth _____

Occupation _____

What is the purpose of your visit _____

What other methods of treatment have you used to help with this condition

How did you hear about me _____

Please check any other areas of interest:

- | | |
|--|--|
| <input type="checkbox"/> Weight Loss/Body Image | <input type="checkbox"/> Sports Performance |
| <input type="checkbox"/> Stop Smoking | <input type="checkbox"/> Healing |
| <input type="checkbox"/> Self-Confidence | <input type="checkbox"/> Study Habits/Concentration/Memory |
| <input type="checkbox"/> Stress Reduction/Relaxation | <input type="checkbox"/> Self-Hypnosis |
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Awaken to Your Potential |
| <input type="checkbox"/> Phobias | <input type="checkbox"/> Find Inner Peace |
| <input type="checkbox"/> Career | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Change/Improvement | _____ |

Notes: _____

(Appointments missed with less than 24 hours notice will be fully charged.)

Print Name

Signature

Date