

HIGHER STATE OF CONSCIOUSNESS

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CONFIDENTIAL CLIENT INFORMATION FORM

This form along with the "Hypnotherapy Disclosure Form" must be completed in full before a session can be confirmed.

DATE: _____

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

City: _____ Province: _____ PC _____

DAY PHONE NUMBER: _____ NIGHT PHONE NUMBER: _____

EMAIL: _____ OCCUPATION: _____

DATE OF BIRTH: _____

If you are currently under the care of a doctor or psychologist, do you have their permission for a hypnosis session?

YES _____ NO _____ Not Applicable _____

Do you have any medical conditions or psychological history that Higher State Of Consciousness should be aware of before the hypnosis session?

YES _____ NO _____ Not Applicable _____

If yes, please explain

Have you ever been hypnotized and/or regressed? Yes ___ No ___

If yes, when and describe your experience:

What do you want to accomplish with this session? *(Please use back of sheet if more space required)*
