

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

300 White Spruce Blvd. Suite 018 | Rochester, New York 14623  
www.InnerHarmonyHypnosis.com | 585.662.9665 | helga@innerharmonyhypnosis.com

## 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): \_\_\_\_\_

**ALL INFORMATION IS STRICTLY CONFIDENTIAL**