

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

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Client Information

_____ Single Married Separated Divorced Widowed
First Name Middle Initial Last Name

_____ Age _____
Address Number Street Apt. # Birth Date

_____ Occupation
City State Zip Code

_____ Home Phone Number
Cell Phone Number

_____ Reference Source
Email Address

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): _____

ALL INFORMATION IS STRICTLY CONFIDENTIAL