

**Northwest Health and Healing Center**  
**Barbara English, RN, LMT, Clinical Hypnotherapist**

Please complete this form. All Information is strictly confidential.

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**First Name (Please Print)**                      **Middle Initial**                      **Last Name**

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**Address**    **City**    **State**                      **Zip Code**

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**Work Telephone #**                      **Home Telephone #**                      **Cell Telephone #**

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**Birth Date**    **Marital Status**    **Occupation**

Have you been treated for: (circle) **Diabetes**   **Epilepsy**   **Heart Disorder**   **Digestive Problems**

Have you been hypnotized before?   **YES**                      **NO**  
If yes, please explain: \_\_\_\_\_

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What do you wish to accomplish through hypnosis? \_\_\_\_\_

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Any previous efforts to address this problem?                      **YES**                      **NO**  
Results? \_\_\_\_\_

How did you hear about my service? (Please circle all that apply)

**Medical Referral**   **Relative**   **Phone Book**   **Friend**   **Newspaper Ad**   **Internet**

**Other?** \_\_\_\_\_

I am willing to be guided through relaxation, visual imagery, creative visualization, hypnosis, and stress reduction processes and techniques for the purpose of self-improvement. I understand that the hypnotherapy I am about to receive is not a substitute for medical care, and I have been advised to discuss hypnotherapy with any doctor who is taking care of me now and in the future. Additionally, I should continue any present medical treatment and consult my doctor for treatment of any new or old illness.

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Name I like to be called:** \_\_\_\_\_