

Jonathan Hyde Hypnosis

Jonathan Hyde, C.Ht.
Certified Hypnotherapist

Application, Personal Data Record and Release

Please fill out the following information as completely as possible. All information will be treated as confidential and will not be released except upon your request. The signer herein will not hold the above responsible in any way, nor shall any claims be valid in reference to such methods, instructions and programs in the teaching of relaxation and habit control.

Name: _____ Sex: M / F Date of Birth: ____/____/____
M D Y

Address: _____ City: _____ State: _____ Zip: _____

Contact Information

Please check the contact method you prefer for future courtesy appointment reminders. ☐ Check if reminders are not necessary.

☐ Home: (____) ____-____ ☐ Work: (____) ____-____

☐ Cell: (____) ____-____ Ok to Text? Y / N

☐ Email: _____

Occupation: _____

Medical or Psychological problems we should know about? _____

☐ Married ☐ In a Relationship ☐ Single / Spouse's Name: _____

Emergency Contact Name: _____ Phone: (____) ____-____

Emergency Contact Relation to You: _____

How did you hear about JH Hypnosis? _____

Have you been hypnotized before? Y / N

If Yes, by whom? _____ Reason: _____

The above information is true and accurate to the best of my knowledge:

Signature

Date