



Abundant Life Well-Being LLC

Lea H. Siebert, LAc, LMT, CH

*Certified Hypnotherapist, Licensed Acupuncturist & Massage Therapist
National Guild of Hypnotists ♦ Academy for Professional Hypnosis Training*

Name _____ Date _____

By What name would you like to be called? _____

Address _____

Street

City

_____ E-Mail _____

State

Zip Code

Date of Birth _____ Occupation _____

Telephone: _____ / _____ / _____

Work

Home

Cell

By whom or how were you referred to our office? _____

Have you ever experienced hypnosis before? Yes___ No___ If so, when? _____

Have you had any experiences with deep meditation or similar modalities? Yes___ No___

If yes, please describe briefly: _____

Are you currently under the care of a physician, psychiatrist or therapist? Yes___ No___

If yes, please describe briefly: _____

Are you currently taking any medication? (If yes, list & include purpose for medication):

Name & address of referring physician/therapist (if applicable):

Do you have any questions or concerns about today's appointment? _____

How may we best assist you today? Please include *anything* you wish us to know:

THANK YOU. WE APPRECIATE YOUR CONFIDENCE IN US!

I hereby give my permission for _____, a minor,
to receive guided imagery/hypnotic suggestion from
_____, Certified Hypnotherapist.

Signature of Adult Client or Legal Parent/Guardian

Date

HIPAA Release

Initial to indicate agreement/preference for each section:

___ I authorize the release of information including the diagnosis, records; examination rendered to me and claims information.

___ I understand detailed HIPPA privacy explanation is available to me upon request.

This information may be released to:

___ Spouse _____

___ Child(ren) _____

___ Other _____

___ Information is not to be released to anyone.

This Release of Information will remain in effect until terminated by me in writing.

MESSAGES

Please call: ___ my work# ___ my home# ___ my cell # ___ Other _____

If unable to reach me:

___ You may leave a detailed message.

___ Please leave a message asking me to return your call.

___ Do not leave a message.

Signature of Adult Client or Legal Parent/Guardian

Date

Printed Name
