

Battle Ground Hypnotherapy, LLC

2401 West Main St., Ste. #211

Battle Ground, WA 98604

360-687-9965 www.bghypno.com

Client Information Form

Name: _____

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

Phone # : _____ **Email address:** _____

Referred By: _____

Age: _____ **DOB:** _____ **Marital Status:** _____

Occupation : _____

Please list your reason(s) for seeking Hypnotherapy:

Please list current medical conditions, if any, for which you are being treated:

Have you had a previous hypnotherapy experience? (Y N)

If so, when? _____ **Did you find it helpful?** _____

Please list any particular questions or fears that you may have regarding our

first hypnotherapy session. _____
