

Melissa Asteya

Intuitive Healer & Hypnotherapist

CONFIDENTIAL CLIENT RECORD for HYPNOSIS

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Email: _____

Reason for Visit: _____

Are you in general good health? Yes _____ No _____ Presently under a doctor's care? Yes _____ No _____

Personal Physician: _____

Emergency Contact: _____ Phone: _____

Where did you hear about Melissa Asteya? _____

I understand that Hypnotherapy is a form of self-help and is not used as a treatment for any medical or mental health condition. I am aware that Hypnotherapy is a non-licensed profession and I am seeking these services by my own desire. I understand and agree to the policy of this office and Melissa Asteya, LLC to collect full payment for any services prior to each session. I agree to the above and release this office and Melissa Asteya, LLC from responsibility for any future mental or physical conditions which may occur. No warranty or guarantee is given or implied.

Signature: _____ Date: _____

Parent/Guardian Signature for Child Under 18: _____