



# The Healing Meadow

Steven Beal, C.H.T. Hypnotherapist

All Information Confidential • Information Sheet/Notice

## Client Information

Client Name: \_\_\_\_\_ Date \_\_\_\_\_

Person Completing Form: (if not client) \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone( ) \_\_\_\_\_ Cell Phone( ) \_\_\_\_\_ Work Phone( ) \_\_\_\_\_

What is the preferred phone number to contact you? \_\_\_\_\_ Can I feel free to leave a message? **Y N**

What is your primary reason or goal for today's visit? \_\_\_\_\_

\_\_\_\_\_

Have you been Hypnotized before? Yes No Do you currently practice any type of meditation? Yes No

Briefly describe your Spiritual, Religious or Life philosophy. \_\_\_\_\_

\_\_\_\_\_

What is your work Profession? \_\_\_\_\_ Spouse Profession \_\_\_\_\_

Whom may I thank for referring you to me? \_\_\_\_\_ Phone # \_\_\_\_\_

FaceBook Referral? \_\_\_\_\_ Google Search? \_\_\_\_\_

Emergency Contact (name and phone): \_\_\_\_\_

Current Medications and Prescribing Physician: \_\_\_\_\_

\_\_\_\_\_

**Payment Agreement:** Payment is expected at the time of the session. I understand that I am financially responsible for any charges not covered by said insurance carrier(s) and I agree to pay for these charges at the time of the appointment. A **\$25.00** charge will be added to returned checks.

**Cancellation Policy:** I understand that my appointment time is reserved specifically for me and that I will be responsible for and billed for missed appointments that are not cancelled **24 hours** in advance and that my insurance company cannot be billed for such charges.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Party Responsible for Payment

\_\_\_\_\_  
date