

# Pragmatic Hypnosis

Dr. Peter L. Greenfield, DCH, CHt

Please complete this form. All information is strictly confidential.

Last name (please print)	First name	Middle initial	
Street address	City	State	Zip
( ) Work phone	( ) Home phone	( ) Cell phone	
Driver's License #	Birth date (mm/dd/yy)	E-mail address	
Sex	Marital status	Occupation	

Have you ever been treated for an emotional problem?      **Yes**    **No**  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been hypnotized before?      **Yes**    **No**  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

What do you want to accomplish through the use of hypnosis? \_\_\_\_\_  
\_\_\_\_\_

Any previous efforts to solve this problem?      **Yes**    **No**  
Results \_\_\_\_\_

How did you hear about us? (Please circle all that apply.)

Medical Referral      Newspaper      Relative      Radio  
Friend      Television      Phone Book      Internet  
Other \_\_\_\_\_

Do you have any fears or phobias? \_\_\_\_\_

I am willing to be guided through relaxation, visual imagery, creative visualization, hypnosis, and stress reduction processes and techniques for the purpose of vocational or avocational self-improvement. I understand that the hypnotherapy I am receiving is not a substitute for normal medical care and I have been advised to discuss this hypnotherapy with any doctor who is taking care of me now or who will be taking care of me in the future. Additionally, I should continue any present medical treatment and consult my regular medical doctor for treatment of any new or old illnesses.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name I like to be called: \_\_\_\_\_