

Total Mind Body Connection, Inc.

14622 Hanover Lane
Apple Valley, MN 55124
763/218-3231

Personal Data Record and Release

Please fill out the following information as completely as possible. This will save time and make it unnecessary to ask you routine questions. All information will be treated as confidential and will not be released except per your request. The signee herewith will not hold Cindy Locher responsible in any way nor shall any claims be valid in reference to such methods, instructions, and programs in the teaching of relaxation and habit control. I understand that in the course of therapy I may be provided with hypnotic recordings, and I agree not to listen to these recordings in a moving vehicle, while operating machinery, or at any time that I require full, waking consciousness.

If I cannot attend a scheduled appointment, I agree to provide at least 24 hours notice of cancellation. I understand that if I do not do this, I may be subject to a cancellation fee up to \$50 if my appointment time cannot be filled.

Self:

First _____ Last _____

Gender _____ DOB _____ Marital Status _____

Home Address _____ City, State _____ Zip _____

Home Phone _____ Cell Phone _____

Occupation _____ Email _____

Employer _____ Work Phone _____

Employer Address _____

Spouse:

Spouse's Name _____ Spouse's Phone _____

Spouse's Employer _____ Work Phone _____

Work Address _____

Emergency Contact:

Name _____ Phone _____

Additional Data:

How did you hear about us? _____

Have you been hypnotized or used other mind-body techniques previously? _____

If yes, by whom? _____

Please list what you wish to accomplish through the use of hypnotherapy: _____

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Name
First _____ Last _____

Please rate your level of satisfaction in the following life areas, with 1 being very unsatisfied and 10 being very satisfied.

Health	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Anger	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Sexuality	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Weight	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Chronic Pain	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Anxiety	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Emotional Stress	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Work Related Stress	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Financial	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Procrastination	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Habits	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Fears/Phobias	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Sleep	1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Physician Name/Address: _____

By checking here, I give permission to Total Mind Body Connection, Inc. to contact my physician _____ for referrals, when indicated by the nature of the condition, and to inform of progress in my condition, as appropriate.

Client Signature

Date

The services I render are held out to the public as non-therapeutic hypnotism, defined as the use of hypnosis to inculcate positive thinking and the capacity for self-hypnosis. I do not represent my services as any form of medical, behavioral or mental health care, and despite research to the contrary, by law I may make no health benefit claims for my services. Total Mind Body Connection, Inc. utilizes non-therapeutic hypnotism to help clients inculcate positive thinking and the capacity for self-hypnosis wherein I coach or guide to motivate individuals to achieve their goals. Hypnotism for medical or psychological problems requires a written referral from a licensed practitioner of those healing arts. Cindy Locher, CHT