Power of the Mind Holistic Healing Center

Counseling, Hypnotherapy, Cognitive Behavioral Therapy, Mediation, Scenar® Therapy(pain), Tuning Fork Cymatic Therapy, WC™ Laser Therapy, Transcutaneous Acupuncture™, Life Coaching, Acupressure, Electronic Acupuncture Relcor®, Essential Oils, Skype/Phone Therapy, EFT, Chakra & Energy Healing, BIO-Energy Mat Photonic, PEMF, Infrared Therapy, Time Line Therapy, Neural Efficiency Optimizer, Transcranial Therapy, Neurotherapy and supplements

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Please fill out the following information completely as possible. All information will be treated as confidential.
PLEASE PROVIDE DRIVERS LICENSE NUMBER AND STATE IF YOU WILL EVER SUBMIT PAYMENT IN THE FORM OF A CHECK

Name (First):_____ (Last)_____

Sex _____ Date of Birth: _____/_____/_____ Marital Status: _____

Drivers License No._____ Issuing State_____

Home Address: _____

City: _____ State: _____ Zip Code:_____

Home phone: ( )_____ Work phone: ( )_____

Cell phone: ( )_____ Email:_____

Occupation: _____ Employer: _____

Address: _____

City: _____ State: _____ Zip Code:_____

EMERGENCY CONTACT

Name: _____

Phone: ( )_____ **Cell:( )**_____

How did you hear about Power of the Mind Healing Center?

_____

Have you ever been hypnotized before? _____ **Reason**_____

_____

When (approximate date) _____

What do you wish to accomplish in your private sessions? _____

_____

_____

Are you currently taking any medications? YES_____ **NO**_____ **If yes, please list medications**

_____

The signee herewith will not hold Power of the Mind or any of it's agents responsible in any way, nor shall any claims be valid, in reference, to such methods, instructions, and programs in teaching relaxation, self-improvement, resolutions, and/or habit control. I hereby release and hold harmless Power of the Mind Healing Center and any of it's agents or representatives from any liabilities or claims arising from any sales or services rendered. I further agree that I will not prosecute or aid in any way the prosecution of any demand, claim, or suit against Power of the Mind Healing Center and any officer, agency, or any employee acting officially or otherwise, for any loss, damage, or injury to my person or property that may occur from their negligence as a result of me taking part in services or products sold or rendered. I understand that any appointments made and not cancelled within 24 hours will be billed at the current regular rate, any discounts will be void. I further agree and I will be responsible for making payment due within 10 business days. All balances must be paid within 30 days to avoid additional billing fees, reversal of courtesy discounts, and/or collection. I understand that any book(s) not returned in the condition loaned within 30 days, will be billed for replacement and I shall be responsible for such charges. I understand this agreement and understand it's concepts. I am aware that I am releasing certain rights that I otherwise may have, and I enter into this agreement on behalf of myself, my minor child(ren), and/or wards, of my own free will. Thank you for your cooperation and understanding with this matter.

Printed Name: _____

Signature: _____ **Date:** _____