



TranceForm For Good Hypnotherapy

Regina Rehab & Family Medical Clinic
5950 Rochdale Boulevard, Regina, Saskatchewan S4X 4J7

Date: _____

Name: _____ Date of Birth (MM/DD/YYYY): _____

Address: _____ City: _____

Postal Code: _____ Email Address: _____

Home Phone: _____ Bus Phone: _____ Cell: _____

How did you hear about this program, and whom can we thank?

Regina Rehab Newsletter Friend _____

Regina Rehab Clinician _____ Doctor _____

Dentist _____ Other _____

Are you currently under the care of a physician? Yes No

Physician's name and address: _____

Are you currently taking any medication? (Please list)

Have you ever been hypnotized before? Yes No Results: _____

Why did you choose us for hypnosis? _____

What results are you looking for with hypnosis? _____
