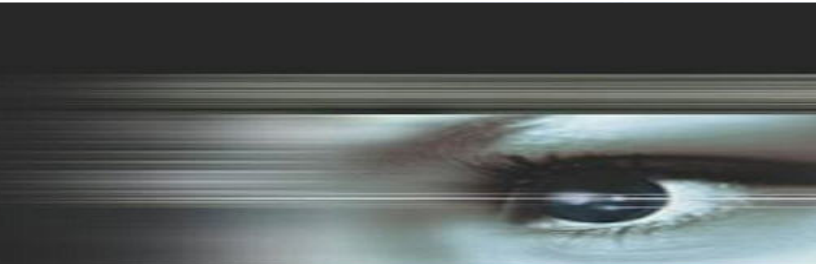


David A. Blender, CPC, CCH, CH
Clinical Hypnotherapist

david@hypnotictherapeutics.com
Hours By Appointment Only.



APPLICATION, PERSONAL DATA RECORD

To: _____ David A. Blender, CPC, CCH, CH
Hypnotherapist Name

Name: _____ Sex: F M Date of Birth: _____

Street: _____ City: _____ Zip Code: _____

Home: _____ Work: _____ Cell : _____ Email _____

Occupation: _____ Marital Status: _____

Spouse's Name: _____ Spouse's Occupation: _____

Name and Phone Number of Close Friend or Relative to Contact in an Emergency:

Name	Relationship to you	Phone
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How did you hear about my services?

Have you ever been hypnotized before? Yes _____ No _____

If yes, by whom? _____

Please list what you wish to accomplish through the use of my services.
