

Rebecca Lellek CHT

Clinical Hypnotherapist

Private Sessions

400 West Main St. Suite 201

Hamilton, Mt. 59840

406-396-5552

Client's Name: _____ Birth Date _____

Address: _____

Home/Cell Phone # _____

Emergency Contact # _____

Email Address: _____

Occupation: _____

Work Phone# _____

In the event of a change of appointment, may I call either number? Yes___No___

Referred by: _____

State a short description of your primary problem.

Please state any previous emotional upsets, treatments, hospitalizations and medications.

State any previous or current medical problems such as heart trouble, back problems, seizure disorder, or chronic pain.

