

James M. Giunta, M.C.I.S., M.H.  
Consulting Hypnotist

## REGISTRATION

(Please Print)

Today's date:							
CLIENT INFORMATION							
Client's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Married / Divorced Separated / Widowed	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?			Birth date: / /		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Cell phone number: (    )		Home phone number: (    )		
P.O. box:		City:		State:		ZIP Code:	
e-mail address:							
Occupation:		Employer:			Work phone number: (    )		
Referred to clinic by (please check one box):				<input type="checkbox"/> Dr.		<input type="checkbox"/> Website	<input type="checkbox"/> Advertisement
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Brochure	<input type="checkbox"/> Lecture or Seminar		<input type="checkbox"/> Other		
Other family members seen here:							

### AGREEMENT FOR SERVICES

I, \_\_\_\_\_, agree to engage James M. Giunta for the following services and program(s).  
I understand that payment is expected at the time of care or when program is agreed upon.

Program Name:

Cost:

Payment: Cash or check

SPECIAL PAYMENT ARRANGEMENT:

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_

### IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.: (    )	Work phone no.: (    )
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