



## HypnoBirthing Course Registration Form

For Classes beginning \_\_\_\_\_

*Expected Arrival Date:* \_\_\_\_\_

### Client Information: Mother

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ text: yes no (circle one) email: \_\_\_\_\_

Occupation \_\_\_\_\_ leave date: \_\_\_\_\_

### Client Information : Birthing Companion

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ text: yes no (circle one) email: \_\_\_\_\_

Occupation \_\_\_\_\_ leave date \_\_\_\_\_

### Information: Mother or Birthing Companion (circle one)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

*This is the address course text will be mailed to.*

List any current health problems: \_\_\_\_\_

Doctor info (name address telephone number) \_\_\_\_\_

Do you or have you experienced: \_\_\_\_\_ seizures \_\_\_\_\_ heart condition \_\_\_\_\_ dizziness \_\_\_\_\_

optic sensitivity \_\_\_\_\_ other: note: \_\_\_\_\_

Where will you be birthing: \_\_\_\_\_ home \_\_\_\_\_ hospital (name \_\_\_\_\_)

Birthing center \_\_\_\_\_ (name: \_\_\_\_\_). Water birth? \_\_\_\_\_

Doula Name: \_\_\_\_\_ Midwife Name: \_\_\_\_\_

First child? \_\_\_\_\_ First HypnoBirth? \_\_\_\_\_

Why are you thinking about using HypnoBirthing Techniques? (Use other side if necessary)

I will use this Payment Method Circle One: Deposit    PayPal    Check    Cash

**Office Use Only:** Date of interview: \_\_\_\_\_ Class Start Date \_\_\_\_\_

Payment Received \_\_\_\_\_ Information entered into database and roster \_\_\_\_\_