

**PERSONAL CD FORM**

**HYPNOSIS CONCEPTS  
1151 Dove Street Suite 160  
Newport Beach, CA 92660  
(949) 250-7355**

**PLEASE PRINT** your responses and mail with payment to the above address.

**Make checks out to Laurie Miller C.C.H.**

**CDs are \$60 (postage included)**

All information is strictly confidential

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Please tell me the best time to call? Day \_\_\_\_\_ Evening \_\_\_\_\_

**Tell me about the problem(s) and/or issues(s) by answering the questions below.**

**What symptoms do you have?**

**Physical Symptoms** (For example: muscle tension, tight breathing, discomfort over weight.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mental Symptoms** (For example: over thinking, worries, self criticisms, negative projections, fear thoughts.)

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\_\_\_\_\_  
\_\_\_\_\_

**Emotional Symptoms** (For example: negative feelings about yourself or others, anger, frustration, hurt, loss, sadness, anxiety, fear.)

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**When your problem or issue is resolved what will you be like?**

**Physically how you will be?** (For example: relaxed, breathing deeply, free from a habit, trim.)

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**Mentally what type of positive thoughts you will have?** (For example: I am successful) **and/or**  
**how your mind will be** (For example: clear thoughts, focused, good memory).

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**Emotionally what type of positive emotions you will experience?** (For example: relieved, powerful, confident, trusting, happy.)

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**Additional comments or questions:**

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I will call you for a consultation and spend 15 minutes on the phone to clarify your request. Your Personal CD will be made as soon as possible and guaranteed to be made within two weeks.

**Thank you, Laurie Miller**