



**K R I S T A**  
BAEZ-MALDONADO, CMH



**(407) 335-3526**

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## Application for Hypnosis Services

Krista Baez-Maldonado, CMH  
Certified Master Hypnotist

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

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

Date of Birth: \_\_\_\_\_

Are you over 18?  Yes  No

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

City: \_\_\_\_\_

State: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

Gender Identity: \_\_\_\_\_

Name and Phone Number of Emergency Contact: \_\_\_\_\_

How did you hear about my services? \_\_\_\_\_

Have you experienced hypnosis before?  Yes  No

If yes, by whom? \_\_\_\_\_

List any prescribed medications you are currently taking:

Are you currently, or have you ever been under the care of a mental health therapist or counselor?

Are you being treated for any mental health conditions?  Yes  No

If yes, please explain:

What is your presenting issue or goal for hypnosis?

How do you believe hypnosis can help you?